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CREDIT APPLICATION

FULL COMPANY NAME:				
BILLING ADDRESS:		CITY	PROV	POSTAL CODE
SHIP TO ADDRESS:		CITY	PROV	POSTAL CODE
PH#	FAX#	WEB ADDRESS:		
Owners or Officers of Company	Name:	Title:	Email:	
	Name:	Title:	Email:	
MAJOR TRADE REFERENCES	NAME:			
	FAX #	EMAIL ADDRESS:		
	NAME:			
	FAX#			
LESSOR TRADE REFERENCE	NAME:			
	FAX#	EMAIL ADDRESS:		
BANK NAME:		PST EXEMPTION # _____ Please fill out attached form if applicable		
ACCT#	_____			
PH#	_____			

ACCOUNTS PAYABLE CONTACT:				
NAME:		PH#	EMAIL:	
PREFERRED INVOICE DELIVERY METHOD			STATEMENT REQUIRED	
<input type="checkbox"/> FAX <input type="checkbox"/> EMAIL <input type="checkbox"/> MAIL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TYPE OF BUSINESS:				
<input type="checkbox"/> RESALE <input type="checkbox"/> AGRICULTURE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> GENERAL MANUFACTURING <input type="checkbox"/> AUTO MFG. <input type="checkbox"/> OEM <input type="checkbox"/> CONTRACTING <input type="checkbox"/> OTHER: _____				
EXPECTED ANNUAL PURCHASES:			YEAR YOUR BUSINESS OPENED:	
<input type="checkbox"/> \$0-\$2000 <input type="checkbox"/> \$2001-\$5000 <input type="checkbox"/> \$5001-\$10000 <input type="checkbox"/> OVER \$10001				
CREDIT LINE REQUESTED: \$ _____				
AGREEMENT: I/We agree to pay any balance owing within 30 days of receipt of invoice. I/We consent to the obtaining of such information as may be required from time to time in connection with the credit applied for and to the disclosure of any credit information to any credit reporting agency or person whom the undersigned has financial relations.				
AUTHORIZED NAME: _____				
AUTHORIZED SIGNATURE: _____ DATE: _____				