



COMMERCIAL CREDIT APPLICATION

Full Name of Business: _____

Address: _____

City: _____ Province/State: _____

Postal Code/zip: _____ Telephone: _____ Fax: _____

E-mail Address: _____ Web Site: _____

Type of Business (i.e., Inc. Ltd.) _____

Corporation in the State/Province of Incorporation _____

Year of Incorporation _____ Chief Director/Executive _____

Number of years in Business _____ Annual Sales _____

Bank: _____ City: _____ Ph.No. () _____

PST Exemption # _____ Credit Requested: \$ _____

Provide (3) Trade References: (Please provide local #'s Not toll free #'s)

1. Name of the Company _____

Tel. No. () _____ Fax. No. () _____

2. Name of the Company _____

Tel. No. () _____ Fax. No. () _____

3. Name of the Company _____

Tel. No. () _____ Fax. No. () _____

The above information is herewith submitted for the purpose of opening an account. I do hereby certify this information to be true.

Signed Position Date

FOR OFFICE USE ONLY

Credit approved For: _____ Signature: _____

Approved by: _____ Date: _____