



CUSTOMER APPLICATION FOR CREDIT

METHOD OF PAYMENT: CASH / CREDIT CARD

complete part A and sign

APPLY FOR CREDIT

complete part A, B and sign

PART A

BUSINESS NAME: _____

BUSINESS TYPE: _____ YEARS IN BUSINESS: _____

CONTACT NAME: _____ PHONE: _____

EMAIL: _____ FAX: _____

BILLING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

GST NO. _____ PST NO. IF EXEMPT _____

PURCHASE ORDER REQUIRED? YES NO

EMAIL TO SEND INVOICE: _____

BUSINESS OWNER NAME: _____

BUSINESS ADDRESS: _____

BANKING INFO: _____

NAME OF BANK

ADDRESS

CONTACT NAME

PHONE

PART B



AMOUNT OF CREDIT REQUESTED: _____

CREDIT REFERENCES

1. _____

COMPANY	CONTACT NAME
ADDRESS	PHONE

2. _____

COMPANY	CONTACT NAME
ADDRESS	PHONE

3. _____

COMPANY	CONTACT NAME
ADDRESS	PHONE

Terms of payment for goods and services sold on credit are net 30 days from invoice date. A service charge of two per cent (2%) per month will apply on overdue accounts. By signing below, you agree to pay all invoices within the agreed terms of 30 days.

I hereby give my consent to the person or firm to whom this application is submitted to obtain credit reports or other information with regard to me as deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

Dated at _____, _____, this _____ day of _____ 20____.

city province date month year

Signature (authorized signing officer)

Please print name in full

SUBMIT FORM