



Credit Application

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|---|
| COMPANY NAME _____ |
| ADDRESS _____ |
| CITY _____ POSTAL CODE _____ |
| (_____) _____ (_____) _____ TELEPHONE FAX |
| TYPE OF BUSINESS _____ HOW LONG IN BUSINESS _____ (YEARS) |
| G.S.T. NUMBER _____ |

*** PLEASE NOTE THAT OUR TERMS OF SALE ARE 30 DAYS ***

PRINCIPALS OF COMPANY

NAME _____ TEL: _____

ADDRESS _____

NAME _____ TEL: _____

ADDRESS _____

| |
|--------------------------------|
| ACCOUNTS PAYABLE CONTACT _____ |
| TELEPHONE _____ |

TRADE CREDIT REFERENCES

NAME _____ TEL: _____

ADDRESS _____

NAME _____ TEL: _____

ADDRESS _____

BANK REFERENCE

NAME OF BANK _____ BRANCH _____

MANAGER _____ TEL: _____

PLEASE READ THE TERMS OF AGREEMENT AND CERTIFICATION

I HEREBY CERTIFY THAT I AM A PRINCIPAL OR AN AUTHORIZED OFFICER OF THE ABOVE COMPANY AND I ACCEPT THE 30-DAY PAYMENT POLICY.

NAME (PLEASE PRINT) _____ DATE _____

SIGNATURE _____