



CREDIT APPLICATION

Company Legal Name: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Business Phone: _____ HST/GST Exemption #: _____

EMAIL ADDRESS: _____

Corporation: ☐ Partnership: ☐ Sole Ownership: ☐

President: _____

Vice President: _____

Years in Business: _____ Accounts Payable Contact Name: _____

Accounts Payable Contact E-mail: _____

Bank: _____ Address & Phone: _____

Credit Limit Requested: _____

Company Name: Must Provide 3 References	City/Town:	Fax # or Email: MUST BE SUPPLIED

*Government privacy laws require written permission for trade suppliers to provide us with account information. Please sign and date below if you give the above-named suppliers your permission to disclose this information.

*The undersigned further declares that the statements made herein are for the express purpose of obtaining a commercial credit account and are, to the best of my/our knowledge, believed to be true and correct. It is further understood that this application is subject to the following terms and conditions upon approval:

1. All invoices are due and payable 30 days from the date of the invoice.
2. A 2% per month (24% per annum) finance charge will be applied on all overdue accounts.
3. Non-payment of invoices as they become due will be cause for withdrawal of credit.

Date

Authorized Signature

Title

For Office Use Only

Customer Number: _____

Approved Credit Limit: _____

Signature of Approval: _____