



4040 Steeles Ave., West Unit #44  
Woodbridge, ON L4L 4Y5  
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## **CREDIT APPLICATION**

**Legal Business Name:** \_\_\_\_\_

Head Office Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal/Zip: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

**Billing Address:** \_\_\_\_\_ City: \_\_\_\_\_ Prov/State: \_\_\_\_\_

Postal/Zip: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Information: Type of Business: \_\_\_\_\_ Number of years in business: \_\_\_\_\_

Corporation  Limited Partnership  Other \_\_\_\_\_

Credit Limit Requested: \$ \_\_\_\_\_ Invoices will be emailed to the AP Contact listed above.

Pay Invoices by EFT:  YES  NO

### **Financial Information:**

Name of Banking Institute: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Commercial References: (Name, Address, Contact Name, Email Address)**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**I (we) hereby understand that payment terms are due and payable within 15 days from the date of the invoice. Interest will be charged on account balances over 15 days at a rate of 2% per month. In connection with my application for credit I (we) hereby consent that a credit investigation be conducted.**

**Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_**

**Please return completed form to your sales representative.**

**For office use only Reviewed by: \_\_\_\_\_**

Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Sales Rep Name: \_\_\_\_\_