



1121 Derry Rd East

Mississauga, ON

L5T 1P3

PH: 905-565-8116

Please Complete and Fax back to 905-565-8212

## Credit Application

Company Name:		Date:	
Address:			
City:		Province:	Postal Code:
Phone #:		Fax:	
Billing Address (if different from above):			
City:		Province:	Postal Code:
Type of Business:		Corporation	Partnership
		Sole Proprietorship	
Length of Time in Business:		Date of Incorporation:	
Year Current Ownership Started:		Annual Sales: \$	
Name(s) of Principals:			
Name	Position Held		Phone #
			Ext.
1)			
2)			
3)			
4)			
Financial Institution (Bank) Name:			Contact:
Address:			Phone #:
			Ext:
City:		Province:	Postal Code:
Trade References (Transport Preferable)			
Company Name	Contact Name	# of Years	Phone#
			Fax #
1)			
2)			
3)			
4)			
Line of Credit Requested: \$			
Accounts Payable Contact:		Phone:	Ext.
Terms of Payment Net 30 Days		Signature:	
Office Use Only			
Date Approved:		Account #:	
Credit Limit Applied:			
Comments			
Credit Manager Approval:			