



CUSTOMER CREDIT APPLICATION

COMPANY NAME

ADDRESS

CITY

PROVINCE / STATE

POSTAL / ZIP CODE

BUSINESS NUMBER

FAX

WEBSITE

E-MAIL

PST NUMBER (Canadian Customers Only)

YEARS IN BUSINESS

CREDIT LIMIT APPLIED FOR

BANK NAME

BANK ADDRESS

BRANCH #

BANK ACCOUNT #

THREE CREDIT REFERENCES:

- | | |
|------------------|----------------|
| 1. BUSINESS NAME | |
| PHONE | CONTACT PERSON |
| ADDRESS | |
| TYPE OF BUSINESS | CREDIT LIMIT |
| | |
| 2. BUSINESS NAME | |
| PHONE | CONTACT PERSON |
| ADDRESS | |
| TYPE OF BUSINESS | CREDIT LIMIT |
| | |
| 3. BUSINESS NAME | |
| PHONE | CONTACT PERSON |
| ADDRESS | |
| TYPE OF BUSINESS | CREDIT LIMIT |

DATE

APPLICANT'S PRINTED NAME

APPLICANT'S SIGNATURE