

2500 Williams Pkwy, Unit 37, Brampton. On L6s 5N9 (437) 677-0074 (905) 790-0074

Application for Credit

Please complete the following information so that we can process your credit application. You will be notified when your account has been approved.

Legal Company Name:		Client Na	ame:	
Registered Business	#:	GST Registrat	tion #	
Billing Address:				
Business Phone #:		Email Address:		
Contact Information	Fill out if different f	rom above)		
Purchasing Contact:		Phone/Email:		
Accounts payable Co	ntact:	Phone/Email:		
Banking Information				
Name of Bank:	Acct Manager:			
Address:		Phone #:		
		Account #		
Please give u	s three references	<u>Trade References</u> with which you have a curre	ent business relationship.	
Company Name	Address	Contact Name	Email Address & Phone #:	
the best of his/her kn	owledge and perm		nat above information is correct to credit data on the above-named tilles.	
	5 .			
Signature		Printed Name & Title		