



CREDIT APPLICATION

65 GUISE ST. E.
HAMILTON, ON
L8L 8B4

PHONE: 1-800-263-8328 FAX: 1-877-529-4143

COMPANY NAME: _____
ADDRESS: _____

PHONE NUMBER: _____
FAX NUMBER: _____

GST NUMBER: _____
PST NUMBER: _____

BANK: _____
ADDRESS: _____

PHONE NUMBER: _____
FAX: _____
CONTACT _____

TRADE REFERENCES: 1) _____

PHONE: _____ FAX: _____

2) _____

PHONE: _____ FAX: _____

3) _____

PHONE: _____ FAX: _____

I HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE. I AUTHORIZE THE RECEIPT AND EXCHANGE OF ANY AND ALL INFORMATION NECESSARY TO ESTABLISH AN ACCOUNT.

AUTHORIZED SIGNATURE

DATE

APPROVED _____ TERMS _____ DATE _____
COMMENTS _____

ALERTS _____