

Credit Application

Sales Representative _____ Date _____

Customer's Business Names (In full) _____

Address: _____

Mailing Address (If different) _____

Phone Number: _____ Fax: _____

Principles: _____ Type of Business _____

A/P Manger _____ Years in Business _____

Purchaser _____

Bank Reference

Bank _____ Address _____

Number of Years _____ Phone# _____

Supplier's Reference

Name	Address	Phone Number
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1. _____	_____	_____
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2. _____	_____	_____
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3. _____	_____	_____
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Federal License Exemption # _____

Provincial License Exemption # _____

Credit Limit Requested \$ _____

Date Approved _____

Approved By _____