

Names of Officer/Principal/Owner (Please Print):_____

Title:

Signature:

913 Brock Road, Pickering, ON L1W 2X9 Tel: (905) -953-0500 Fax: (905) -953-9533

CREDIT APPLICATION

Billing Address:	Postal Code:	
	email:	
	ip:Nature of Business:	
Premises Leased? Yes / No If yes, Name	of Landlord:	
Officer/Principal/Owner Contact Inform	ation: Full Name:	
Title:Residence Address		
SIN # / Date of birth: Legal Entity: Please tick:		
CORPORATION SUBSIDE	ARY PARTNERSHIP PRO	PRIETORSHIP
Incorporation date:Province:		
1	BANK REFERENCE	
Bank Name:	Tel: Fax:	
Address:	Postal Code:	
Transit No:	Account No:	
TRADE REFERENCES		
1. Company:	Tel:	
Address:	Fax:	
2. Company:	Tel:	
Address:	Fax:	
3. Company:	Tel:	
Address:		ax:
	form credit and/or reference check. Please note paper 4U ces independent of any claims. Title of goods will not pa	
requiring the information contained in this credit application. I hereby expressly authorize such persons reasonable collection costs and legal fees incurred by	pplication is true and complete. I acknowledge and recognication and that Seller will rely on the information to estain and data furnished by me or any other person, including to release credit and other information to Seller for this possible in enforcing this agreement and authorizations or it conditions of sale. I agree to the foregoing and certify that	blish, extend or renew credit. I authorize Seller to g credit reporting agencies relating to the present purpose. I hereby agree and guarantee to pay all n the event of non-payment. I acknowledge and

Date: