



CREDIT APPLICATION

CUSTOMER INFORMATION			
Company name	_____	Billing	_____
Address (head office)	_____	Address	_____
Suite	_____	Suite	_____
City	_____	City :	_____
Province	_____	Postal Code	_____
Province	_____	Postal Code	_____
Telephone	() _____ - _____	Telephone	() _____ - _____
Fax	() _____ - _____	Fax	() _____ - _____
NAME OF OWNERS			
	Name	Title	Telephone
1.	_____	_____	() _____ - _____
2.	_____	_____	() _____ - _____
3.	_____	_____	() _____ - _____
In business since	Mth / Year _____ / _____	Credit required	_____ \$
Type of business	_____		
CONTACTS – NAME & EMAIL			
Maintenance :	_____		
Hubodometer reading :	_____		
Account receivable :	_____		
BANKING INFORMATION			
Bank	_____	Address	_____
Contact	_____	Account No.	_____
P.S.T. No:	_____	G.S.T. No:	_____
Telephone	() _____ - _____	Fax	() _____ - _____
INSURANCE INFORMATION			
Broker :	_____	Telephone :	_____
Contact :	_____		
SUPPLIER REFERENCES			
	Name	Address	Telephone
1.	_____	_____	() _____ - _____
2.	_____	_____	() _____ - _____
3.	_____	_____	() _____ - _____

I authorize the holder to inquire on my credit and obtain all necessary information.

Signature _____ Date _____

Print _____

RESERVED FOR ADMINISTRATION

REMARKS: _____
