

Please Print, Sign & Fax Back to: (647) 436-9776

NAME & ADDRESS			
Legal Company Name:			Incorporation Date:
Mailing Address:			Phone #:
City:	Province:	Postal Code:	Fax #:

CONTACT		
Purchasing Contact:	Phone #:	E-mail:
Accounts Payable Contact:	Phone #:	E-mail:

COMPANY PROFILE			
No. Years in Business:	Annual Sales: \$	No. Employees:	Federal Tax #:
Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship			
Type of Business:	Name of Owners/Principals:		
	1.		
	2.		
	3.		

BANK REFERENCE		
Bank:	Phone #:	Fax #:
Street Address:		
City:	Province:	Post Code:
Contact at Bank:	Date Account Opened:	Line of Credit:

TRADE REFERENCES			
Name (1):			
Address:			Phone #:
City:	Province:	Postal Code:	Contact:

Toronto

544 Gordon Baker Road,
Toronto, ON, M2H 3B4, Canada
T 647.439.1722 F 647.436.9776

Vancouver

#156 - 12500 Horseshoe Way,
Richmond, BC, V7A 5K2, Canada
T 604.800.7718 F 604.800.7719

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TRADE REFERENCES CONTINUED

Name (2):

Address:

Phone #:

City:

Province:

Postal Code:

Contact:

Name (3):

Address:

Phone #:

City:

Province:

Postal Code:

Contact:

I, the undersigned, legally authorized by the company, do declare that all information given in this credit application is to the extent of my knowledge, complete, factual and correct. I understand your Company will rely on the accuracy of this information for any credit that may be extended. Your Company is hereby expressly authorized to contact any parties listed herein and to verify any information contained in this credit application. I also acknowledge that this credit information will be periodically updated for the purpose of reviewing our credit standing.

I, the undersigned, hereby agree that should a credit account be opened, and in the event of default in the payment of any amount due, and if such account is submitted to a collection authority, to pay an additional charge equal to the cost of collection including court costs. Any balance so remaining unpaid shall bear interest at the lesser rate of 1.5% per month or the maximum rate permitted by applicable law, until paid in full.

Est. Monthly Purchases: \$ _____ **Requested Credit Line: \$** _____

Term requested: _____

Authorized Signature

Title

Date

Do Not Write Below

Credit Amount Approved: \$ _____ **Term Approved:** _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

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