



# Credit Application

## General Information:

Company Name:	_____	Tel:	_____
Address:	_____	Fax:	_____
City:	_____	Postal/Zip Code:	_____
GST #:	_____		
Type of Business:	_____		
Company's start up date:	_____		

## Contacts:

Purchasing Agent:	_____		
Credit Manager:	_____		
Accounts Payable:	_____		
Bank:	_____	Account #:	_____
Address:	_____	Tel:	_____
City:	_____	Fax:	_____
Contact:	_____		

## Supplier References:

Company Name:	_____	Tel:	_____
Address:	_____	Fax:	_____
City:	_____	Postal/Zip Code:	_____
Contact:	_____		

Company Name:	_____	Tel:	_____
Address:	_____	Fax:	_____
City:	_____	Postal/Zip Code:	_____
Contact:	_____		

Company Name:	_____	Tel:	_____
Address:	_____	Fax:	_____
City:	_____	Postal/Zip Code:	_____
Contact:	_____		

## For Office Use ONLY

Account #:	_____	Date:	_____
Credit Limit:	\$ _____	Organization #:	_____