

Credit Application

Address:			
City:	Province:	Postal Co	ode:
Phone Number:	Fax Nun	Fax Number:	
Corporati	on Partnership	Proprietorship	
Date Business Started:		GST#:	
Bank Name:		Account#:	
Address:			
City:	Province:	Postal C	ode:
Trade Credit References	<u>:</u>		
Name:		Phone Number:	
Address:			
Name:		Phone Number:	
Address:			
Name:		Phone Number:	
Address:			
granted to applicant may be terminated endor or vendor's representatives to co information, as vendor may request. Ale to extend credit. Any extension of cre	ntact all references, whether listed pplicant understands acceptance of	herein or not, and to receive this application by vendor do	therefore all credit information bes not constitute an extension
thorized Signature:	Title:	Print Name	Date: