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## APPLICATION FOR CREDIT

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Email: \_\_\_\_\_ Business Phone #: \_\_\_\_\_

Name of Principal Owner(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

If corporation or partnership, list the names, addresses and phone numbers of partners:

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

How long has your business been established? \_\_\_\_\_

Amount of monthly credit being applied for?  \$500  \$1000  \$2000  \$3000  Other \$ \_\_\_\_\_

### BANKING REFERENCES

Bank: \_\_\_\_\_ Current Account #: \_\_\_\_\_

Branch Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

### OTHER SUPPLIERS - FULL NAME, ADDRESS & PHONE NUMBER

Name	Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

First time customers will be responsible for a 50% deposit, with balance owing on the publication date.  
If credit is approved, it is understood that our terms are strictly net 30 days.

Authorized Personnel

Signature

Title

The undersigned hereby assumes personal responsibility for any unpaid bill(s) for the organization named above dated up to 90 days from credit approval date.