



## **CREDIT APPLICATION FORM**

*\*PLEASE DOWNLOAD AND SAVE THIS FORM ONTO YOUR DESKTOP PRIOR TO FILLING OUT ALL PERTINENT INFORMATION. ALL FORMS MUST BE COMPLETED AND SUBMITTED USING ADOBE ACROBAT IN ORDER TO BE PROCESSED.*

### **BUSINESS INFORMATION**

Company Name:

Mailing address:

City:

Province/State:

Telephone Number: (       )

Postal Code/Zip Code:

Facsimile Number: (       )

Email:

\*Email is mandatory in order to send invoices and statements.

Federal ID#

\*Federal tax ID number is mandatory for US customers.

Ship-to:

\*Only required if deliveries should be sent to a different address than mailing.

City:

Province/State:

Telephone Number: (       )

Postal Code/Zip Code:

Fax Number: (       )

Purchaser's Name:

Email:

Telephone Number: (       )

Ext:                      Fax#: (       )

Accounts Payable Name:

Email:

Telephone Number: (       )

Ext:                      Fax#: (       )

Number of Years in Business:

Type of Business:

## BUSINESS OWNER CONTACT INFORMATION

Name of Owner: Title:  
Address of Owner:  
Postal Code/Zip Code: City:  
Province/State:  
Telephone Number: (     ) Email:

## SHAREHOLDER CONTACT INFORMATION

Name of Shareholder: Title:  
Telephone Number: (     ) Email:  
Name of Shareholder: Title:  
Telephone Number: (     ) Email:

## BANKING INFORMATION

Name:  
Address:  
Postal code/Zip code: City:  
Province/State:  
Account No: Reference:

## REFERENCES

\*Must provide a minimum of 3 references

Company Name:  
Contact Name: Email:  
Telephone Number: (     ) Fax#: (     )

Company Name:  
Contact Name: Email:  
Telephone Number: (     ) Fax#: (     )

Company Name:  
Contact Name: Email:  
Telephone Number: (     ) Fax#: (     )

**DELIVERY DETAILS**

Lift gate required?      YES      NO

Special delivery instructions?

I certify that the information given on this credit application is current and valid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Representative's Name