

CREDIT APPLICATION Page (1 of 2)

COMPANY INFORMATION

REGISTERED COMPANY NAME: _____

OTHER COMMERCIAL NAMES: _____

DATE BUSINESS COMMENCED: _____ NUMBER OF EMPLOYEES _____

CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP

YOUR BUSINESS LOCATION: OWNED LEASED RENTED

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: _____ FAX: _____

Federal Tax ID# _____ DUNS # _____

BUYER'S NAME: _____ PHONE #: _____

PAYABLE'S NAME: _____ PHONE #: _____

NAME OF PRINCIPAL OFFICERS:

NAME (1): _____ TITLE: _____

ADDRESS: _____

NAME (2): _____ TITLE: _____

ADDRESS: _____

BANK REFERENCE:

NAME OF BANK: _____

ADDRESS: _____

ACCOUNT(S) #: _____

CONTACT PERSON: _____

PHONE #: _____ FAX#: _____

DATE ACCOUNT OPENED: _____

MAJOR SUPPLIER REFERENCES:

NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE #: _____ FAX# _____

NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE #: _____ FAX# _____

NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE #: _____ FAX# _____

NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE #: _____ FAX# _____

THE ABOVE INFORMATION IS SUBMITTED FOR THE PURPOSES OF OBTAINING CREDIT. THE UNDERSIGNED AUTHORIZES YOU TO MAKE SUCH INQUIRIES AS ARE NECESSARY TO OBTAIN CREDIT INFORMATION AND AUTHORIZES MY BANK< SUPPLIERS< AND CREDIT REFERENCES TO RELEASE INFORMATION REGARDING MY ACCOUNT(S).

I/WE AGREE TO PAY ALL LEGAL COSTS INCLUDING COLLECTION AGENCY FEES, COSTS, LEGAL COSTS, AND REASONABLE ATTORNEY'S FEES IF IT BECOMES NECESSARY TO ENFORCE COLLECTION OR FILE SUIT.

I/WE CERTIFY THAT EVERYTHING STATED ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE,

DATE

PRINT NAME

AUTHORIZED SIGNATURE

Please fax completed credit application to: **416-946-1122**

Thank You!