



Application for Credit

NAME AND BUSINESS ADDRESS

TYPE OF ORGANIZATION (CHECK ONE)

() CORPORATION () PARTNERSHIP

DATE BUSINESS INCORPORATED: _____

BRANCH OFFICE: _____

TELEPHONE NO: _____

FAX NO: _____

NAME, ADDRESS AND RESIDENTIAL TELEPHONE NUMBER OF OFFICERS, PARTNERS OR OWNERS:

NUMBER OF EMPLOYEES: _____

TERMS: _____

P.S.T. EXEMPT () YES () NO (IF P.S.T. EXEMPT, PLEASE ATTACH COPY OF EXEMPTION CERTIFICATE)

G.S.T. NO. _____

REFERENCES:

BANK: _____

MANAGER'S NAME: _____ TELEPHONE NUMBER: _____

TRADE REFERENCES:

NOTE: FAX NUMBERS ARE REQUIRED

(1) _____

Telephone Number: _____ Fax Number: _____

(2) _____

Telephone Number: _____ Fax Number: _____

(3) _____

Telephone Number: _____ Fax Number: _____