



925 Meyerside Drive, Mississauga, ON, L5T 1R8
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CREDIT APPLICATION				
APPLICANT INFORMATION		Proprietorship	Partnership	Corporation
Legal Name:		Trade Name:		
Address :		City :		
Province:	Postal Code:	Telephone No.:		
Mailing Address: City: (if different from above)	Province:	Postal Code:		
No. of years in business ___ Yrs. _____ Months.				
Email Address: _____				
PRINCIPALS AND/OR OFFICERS				
1. Name:		2. Name:		
Title:		Title:		
Home Address:		Home Address:		
Home Telephone No.:	D.O.B.: _____	Home Telephone No.:	D.O.B.: _____	
BANKING INFORMATION				
Bank Name:		Contact Person:		
Address:		Telephone No.:		
ACCOUNT TYPE & NUMBERS:				
Chequing / Savings (please circle)				
Branch Number: _____ Transit Number: _____ Account Number: _____				
TRADE REFERENCES				
1. Name:		Tel. No.:	Email	
2. Name:		Tel. No.:	Email	
3. Name:		Tel. No.:	Email	
THE APPLICANT CONSENTS TO THE OBTAINING OF CREDIT INFORMATION AS MAY BE REQUIRED. THE UNDERSIGNED CERTIFIES THAT INFORMATION GIVEN FOR THE PURPOSE OF OPENING THIS ACCOUNT IS TRUE AND CORRECT.				
Signature X		Title:	Date:	