

Customer/Trade Account Credit Application & Sales Agreement Form

COMPANY PROFILE INFORMATION

Legal Name of Business: _____

Trade Name (If Different from Above) : _____

Business Type: Corporation Partnership Proprietorship

Date of Business Registration or Incorporation : _____

Business Address: _____

Note* (If mailing address is R.R.# or P.O. Box #, please add Municipal address of primary business operation location)

City/Town: _____ Province: _____ Postal Code: _____

Business Telephone # : _____ Fax # : _____

Accounts Payable Contact : _____ Phone # _____ Ext.: _____

Years in Business: _____ Annual Sales: \$ _____ Credit Amount Required: \$ _____

COMPANY BANKING INFORMATION

Banking Institution: _____

Address: _____ City/Town: _____

Account# : _____ Account Manager: _____ Phone #: _____
(Mandatory)

TRADE CREDIT REFERENCES (3 Minimum Required)

	<u>Company Name</u>	<u>Address</u>	<u>Telephone #</u>
1			
2			
3			
4			
5			

BUSINESS PRINCIPAL, OWNER, DIRECTOR OR OFFICER PERSONAL INFORMATION

<u>Name</u>	<u>Residential Address</u>	<u>Position</u>	<u>Signature</u>

Title/Position of Person who signed this Application	Date Signed

Please fill out entire application form (2 pages) clearly and completely. Incomplete information WILL delay processing of your credit application