

	CREDIT APPLICATION
Today's Date:	Date Business Began:
Company Name:	
Billing Address:	
City:	Province & Postal Code:
Shipping Address:	
City:	Province & Postal Code:
Telephone #:	Email Address:
Fax #:	Type: [ ] Corp [ ] Individual [ ] Partnership
	P.O. Required? [ ] Yes [ ] No
	OFFICERS AND CONTACT PERSONS
Officer:	Officer:
Title:	Title:
Address:	Address:
City, Province & PC:	City, Province & PC:
Telephone #:	Telephone #:
Social Security #:	Social Security #:
A/P Contact:	A/P Telephone #:
	TRADE REFERENCES
Please complete two re	eferences. For faster service, please provide an email address.
1. Company	2. Company
name: Address:	name: Address:
City, State, Zip:	City, State, Zip:
Phone:	Phone:
Email Address:	Email Address:
	ms of Net 30 Days from the invoice date. I understand that my account is subject to a 2%
	r all invoices over 30 days. Accounts over 60 days will automatically by placed on C.O.D.
Submitted by:	Title:
	,
Signature:	
Telephone #	Date: