



2175-A Teston Rd
Maple, Ontario
L6A 1T3

APPLICATION FOR CREDIT

FAX TO: (905) 832-0992



NAME: _____ DATE: _____

ADDRESS: _____ A/P CONTACT: _____

_____ A/P TELEPHONE: _____

E-MAIL: _____ FAX: _____

AMOUNT OF CREDIT REQUESTED : _____

SALES TAX #S: _____ GST: _____ PST: _____

LEGAL NAME OF COMPANY: _____ COMMENCEMENT OF BUSINESS : _____

COMPANY OFFICIERS: 1) _____ TITLE _____
2) _____ TITLE _____

OWNERSHIP: CORPORATION PARTNERSHIP SOLE PROPRIETOR

OUR TERMS OF PAYMENT ARE STRICTLY NET 30 DAYS. YOUR APPLICATION FOR CREDIT IS YOUR AGREEMENT TO ABIDE BY THESE TERMS. OWNERSHIP OF GOODS OR SERVICES PURCHASED SHALL REMAIN THE PROPERTY OF FABCO PLASTICS WHOLESALE (ONTARIO) LIMITED UNTIL PAID IN FULL.

TRADE REFERENCES: (SUPPLIERS WITH WHOM YOU ARE CURRENTLY DOING BUSINESS)

1) NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

2) NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

3) NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

BANK REFERENCE: NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT: _____

I the undersigned hereby give authority to release banking and Trade reference information necessary for the approval of credit.

SIGNATURE: _____ TITLE: _____

FOR OFFICE USE ONLY: DATE: _____ APPROVED BY: _____

CREDIT LIMITED: _____ CUSTOMER NUMBER: _____

TERRITORY CODE: _____ DISCOUNT CODE: _____ NAICS: _____