

Application for Credit



NAME: _____ DATE: _____

ADDRESS: _____ A/P CONTACT: _____



_____ A/P TELEPHONE: _____

EMAIL: _____ FAX: _____

AMOUNT OF CREDIT REQUESTED: _____



SALES TAX NUMBERS: GST: _____ PST: _____

LEGAL NAME OF COMPANY: _____ COMMENCEMENT OF BUSINESS: _____

COMPANY OFFICERS: 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: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____ FAX: _____

2) NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____ FAX: _____

3) NAME: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____ FAX: _____



BANK REFERENCE: NAME: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

CONTACT: _____ FAX: _____



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: _____