

# CREDIT APPLICATION / DEMANDE DE CRÉDIT

**Executive Offices / Bureau Chef :**

1146 Cardiff Blvd.,  
Mississauga, On L5S 1P7  
Tel : 905-670-1556 Fax : 905-670-9703



**Western Office & Warehouse:**

1790 Pandora St  
Vanouver, BC V5L 1L9  
Tel: 604-253-5294 Fax: 604-253-6669

Company Name / Nom de Compagnie: \_\_\_\_\_

Address / Adresse : \_\_\_\_\_

City / Ville: \_\_\_\_\_ Prov: \_\_\_\_\_ P. Code / C. Postal \_\_\_\_\_

Telephone : \_\_\_\_\_ Fax : \_\_\_\_\_

Accounts Payable Supervisor / Responsable de Comptes Payables: \_\_\_\_\_

Established since / Etabli Depuis: \_\_\_\_\_

Owner's Name / Nom du Propriétaire: \_\_\_\_\_

PST # / # QST: \_\_\_\_\_ GST # / #TPS: \_\_\_\_\_

Amount of credit requested / Crédit Requis : \_\_\_\_\_

<b>Name of Bank / Nom de la Banque : *</b>	<b>Account #: *</b>
Address / Adresse :*	
Tel :*	Fax :*
Contact/ Personne Ressource	
<b>*= Mandatory / Obligatoire</b>	

**Suppliers / Fournisseurs**

**Reference # 1**

Name / Nom: \_\_\_\_\_

Address /Adresse: \_\_\_\_\_

City / Ville: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Reference # 2**

Name / Nom: \_\_\_\_\_

Address /Adresse: \_\_\_\_\_

City / Ville: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Reference # 3**

Name / Nom: \_\_\_\_\_

Address /Adresse: \_\_\_\_\_

City / Ville: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**Reference # 4**

Name / Nom: \_\_\_\_\_

Address /Adresse: \_\_\_\_\_

City / Ville: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Customer #: \_\_\_\_\_

Terms Code: \_\_\_\_\_ Credit Limit: \_\_\_\_\_ Sales Rep: \_\_\_\_\_