

10520 Yonge St., Unit 35B-328, Richmond Hill, Ontario L4C 3C7 Tel. (866)411-2688 Fax. (647)258-6165

CREDIT APPLICATION

Company Information

Company Name:		
Private Public		
Legal Entity (if different):		
Address.		
	Postal/Zip:	
Tel #:		
Corporation	Partnership	Proprietorship
GST#:	PST#:	
(Please supply Sales Tax Exemption	Certificate if you are claiming ex	xemption)
EHF Remitter #:		
(If EHF number not provided, all applic	cable charges will be added to y	our invoice)
Payables contact:		
Tel #:	Fax #:	
President name:	т	el #:
Other Officer /position:	Т	el #:
Have any owners/ officers filed for	or Bankruptcy proceedings	in the past 7 years?
(if yes provide details)		
Type of business:		
Credit Line Requested (\$):		
(Please supply current financial statem		0,000 and above)

Annual Sales \$	# of Employees		
Years in Business:	D&B#	:	
	TRADE REFERENCE	ES	
Company Name:			
Contact:	Tel#:	Fax#:	
Company Name: City/Province:			
		Fax#:	
Company Name: City/Province:			
		Fax#:	
Banking Information			
Name of Bank: Contact Person:			
Credit line authorized: Years with bank:	Utilize	ed:	
Tel #:		:	
To The Bank and Trade Refe	rences: I authorize the	e release of credit information	
Name:	Title:		
Signature:	Date:		
Company Name:			