



116 Bridge St E. Kitchener, ON N2K 1J6
Phone: 519-745-0268 Fax: 519-745-5210

APPLICATION FOR CREDIT

Name: _____

Type of Business: _____

Address: _____

of Years in Business _____

City: _____ Postal Code: _____

Premises Owned () Leased ()-(Expires _____)

Type of Ownership: () Individual () Partnership () Corporation

Bank

Name: _____

Telephone #: _____ Acct # _____

Address: _____

City: _____ Prov: _____ PC _____

Trade References

First

Name: _____

Second

Name: _____

Address: _____

Address: _____

City: _____ Prov: _____ PC: _____

City: _____ Prov: _____ PC: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Third

Name: _____

Fourth

Name: _____

Address: _____

Address: _____

City: _____ Prov: _____ PC: _____

City: _____ Prov: _____ PC: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

I /We make application for a charge account and certify that the statements given above are for the purpose of opening an account are true and I/We give _____ authorization to obtain credit reports on any of the principals of this company.

I/We promise to pay and indebtedness that we incur under the above names.

Company Name _____

Address: _____

City: _____ Prov: _____ Postal Code _____

Telephone: _____ Fax: _____

Signature (s) of Applicant (s) _____ Date: _____

NOTE: Accounts are due and payable within Thirty Days (30).