

73 Beach Rd. Hamilton, Ont. L8L 3Z8

## **CREDIT APPLICATION**

For fast credit approval Please fax completed form to (905) 548-9902

Company Name					
Billing Address			Shipping Address		
City Prov	vince	Postal Code	City	Province	Postal Code
Phone Number Fax Number		E-mail Address			
Type of Ownership: (	Corporation	Partnership	Proprietorship	Government	Non-Profit
Type of Business			Existing Since		
Individual Responsible	e for Accoun	ts Payable			
Name of Financial Inst	titution				
Address Province			Postal Code Phone Number		
Account Manager					
Please list three trade references:  Company Name  City & Province			Telepho	one F	āx
Authorized Signature:			Date:		
Print Name:			Title:		
FOR OFFICE USE ONLY			Date:		
Credit Limit:			Approved By:		

Please respond as soon as possible. Thank you for your cooperation.