



# CREDIT APPLICATION (CANADA)

720 KING ST. WEST  
SUITE #420  
TORONTO, ONTARIO  
CANADA  
M5V 3S5

COMPANY NAME: \_\_\_\_\_

PARTNERSHIP: \_\_\_\_\_ OR CORPORATION: \_\_\_\_\_

# OF YEARS BUSINESS INCORPORATED: \_\_\_\_\_

FEDERAL TAX #: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

BUYING GROUP: \_\_\_\_\_

## PROPRIETOR DETAIL

OWNER'S NAME: \_\_\_\_\_

ADDRESS #1: \_\_\_\_\_

ADDRESS #2: \_\_\_\_\_

ADDRESS #3: \_\_\_\_\_



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**CREDIT REFERENCES**

**1. COMPANY NAME:** \_\_\_\_\_  
**TELEPHONE #:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**2. COMPANY NAME:** \_\_\_\_\_  
**TELEPHONE #:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**3. COMPANY NAME:** \_\_\_\_\_  
**TELEPHONE #:** \_\_\_\_\_  
**LOCATION:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**BANK NAME & ADDRESS:** \_\_\_\_\_  
**ACCOUNT # WITH TRANSIT:** \_\_\_\_\_  
**BANK CONTACT:** \_\_\_\_\_

**AUTHORIZED SIGNATURE & TITLE:**

\_\_\_\_\_  
**DATE SIGNED:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_