



CREDIT APPLICATION

(Please fill in all the fields below)

Company Name: _____

Accounts Payable Contact: _____

Address: _____

Telephone: _____ Fax: _____

P.S.T. Exemption Number: _____ or Blanket exemption attached 

BANK REFERENCE

Bank (Name and Branch): _____

Address: _____

Contact: _____ Telephone: _____

TRADE REFERENCES

1. Company: _____ Contact: _____

Address: _____

Telephone: _____ Fax: _____

2. Company: _____ Contact: _____

Address: _____

Telephone: _____ Fax: _____

3. Company: _____ Contact: _____

Address: _____

Telephone: _____ Fax: _____

Estimated Credit Required: \$ _____

Date: _____

Authorizing Signature: _____

Name (please print): _____ Title: _____

<p><i>Do not fill in these fields:</i> Checked by Authorized by</p> <p>Credit limit authorized Entered QB ? Notes</p>
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Credit application 05.doc January 05