



CREDIT APPLICATION FORM

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Billing information	
Company name:	
Address:	
Telephone # :	Fax #
In business since:	
Federal Tax ID# (IRS#):	
Shipping information (please attach a list of other locations)	
Name:	
Address:	
Telephone # :	Fax #
Primary buyer's name	E - E
Email address:	
Secondary buyer's name:	E - E
Email address:	
Accounts payable	
Contact name:	
Email address:	Fax #

*Do you wish to receive invoices by email? YES NO

INTERNAL USE ONLY										
Date:	Agent #:							Sub-agent #		
Warehouse CAN:	<input type="radio"/> Quebec		<input type="radio"/> Ontario			<input type="radio"/> B.C.				
Warehouse USA:	<input type="radio"/> Ohio									
Discount structure	<input type="checkbox"/>					Resale certificate	<input type="checkbox"/>			
Group # :	PPD: \$			Credit limit \$						
MCH:	1.	2.	3.	4.	5.	6.	7.	8.	N/A	CR

****USA CUSTOMERS: PLEASE SEND US A COPY OF YOUR RESALE**
CERTIFICATE IF APPLICABLE IN YOUR LOCATION**

Please fill in this form, sign it and send it back to Sales.
Fax: 1-800-561-8579

X _____