



4001-99 ST
COUNTY OF GP NO1, T8W 5A8
Phone: 780-538-0551
Fax: 780-538-1327

CREDIT APPLICATION

Applicant Information:

Corporate or Company Name: _____

Street Address: _____

City: _____ Prov/Terr: _____ Postal Code: _____

Mailing Address: _____

City: _____ Prov/Terr: _____ Postal Code: _____

Corporation () Partnership () Proprietorship () Years in Business : _____

G.S.T. NUMBER _____ P.S.T. Number: _____

PRINCIPALS NAMES AND POSITIONS:

Name: _____ Phone: _____ Fax: _____

Position/Title: _____ Cell: _____

Name: _____ Phone: _____ Fax: _____

Position/Title: _____ Cell: _____

BANK REFERENCES:

Bank Name & Branch # _____

Street Address: _____ PHONE _____ FAX _____

City: _____ Prov/Terr: _____ Postal Code: _____

Account #: _____ Transit #: _____

Line of Credit: _____

TRADE REFERENCES:

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

Name: _____ Phone: _____ Fax: _____

A/P CONTACT:

Name: _____ Phone: _____ Fax: _____

E-Mail address: _____

A/P SUPERVISOR:

Name: _____ Phone: _____ Fax: _____

E-Mail Address _____

P.O. Required ()yes () no

Per: _____

Please Print: _____

Date: _____