



# Application for Credit

Please complete and fax to 1-888-985-7466

Confidential Account Report

Legal Name of Business: \_\_\_\_\_

### Bill To

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Ship To

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Type of Store

Department     Specialty     Other  
 Discount     Variety

Store Owned By  Individual     Partner     Corporation

Names of Owners: \_\_\_\_\_  
How Long in Business: \_\_\_\_\_  
Store Size: \_\_\_\_\_  
Any Branches: \_\_\_\_\_

### Bank Info

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/Prov: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_

### Trade References

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
3) Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
4) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Completed By: \_\_\_\_\_ Position: \_\_\_\_\_