

Canadian Credit Application –please complete and Fax to 888-545-8818

Company Information

Company Name

Industry I.D. #

Address 1

Address 2

City

Province

Postal Code

Division of/DBA

Phone

Fax

E-mail

Year Established

Years Ad Specialty

Years at Current Location

Total Annual Sales

of Employees (full/part)

Type of Business

Accounts Payable Name

Accounts Payable Phone

Accounts Payable E-mail

Owner/Executive Information

Name

Title

Name

Title

Has any person(s) or affiliated companies listed above ever been bankrupt? Yes No

Judgments/Liens on the individuals/affiliates listed above? Yes No

Legal actions on the individuals/affiliates listed above? Yes No

References

Bank

Institution Name _____ Address _____ City/Province/Postal Code _____

Account Number _____ Contact: _____ Phone # _____

_____ Fax _____

Industry Trade

Company Name _____ Contact Name _____ City/Province/Postal Code _____

Phone _____ fax _____

Company Name _____ Contact Name _____ City/Province/Postal Code _____

_____ fax _____

Company Name _____ Contact Name _____ City/Province/Postal Code _____

Phone _____ fax _____

Signature

I agree that the information provided is true.

Print Name _____ Signature _____ Date _____

I authorize the receiving vendor to check my bank reference