Tel:

416-593-1380

Fax 416-593-1793

Business Credit Application

Name/Address

Name/Address			
Name of Business:			DUNS:
Contact Last:	First:	Middle Initial:	Title:
Canadian Business Number (BN) with all account identifier(s) (RT, RM etc.):			US FED TAX ID:
Address:			Phone:
City:	Province/State:	PC/Zip:	Fax:
Company Informatio	n		-
Type of Business:			In Business Since:
Legal Form Under Which Bus	iness Operates (O/A): Corpora	tion Partnership	Proprietorship
If Division/Subsidiary, Name	of Parent Company:		In Business Since:
Individual Responsible for Cu	stoms:		Title:
Address:	City:	Province/State:	PC/Zip: Phone:
Individual Responsible for Ac	counts Payable:		Title:
Address:	City:	Province/State:	PC/Zip: Phone:
Bank References			
Institution Name:			
Account No.:			
Address:			
Contact:	Phone	:	Fax:
Trade References			
Company Name:	Company	Name:	Company Name:
Contact Name:	Contact N	ame:	Contact Name:
Phone/Fax:	Phone/Fax	x:	Phone/Fax:
Address:	Address:		Address:
Account Opened Since:	Account C	pened Since:	Account Opened Since:
High Credit:	High Cred	lit:	High Credit:
Current Balance:	Current Ba	alance:	Current Balance:
I hereby certify that the inform	cy and Permission to Ve	lication is complete and accurate.	This information has been furnished with the understand
this credit application to release herein.			more, I hereby authorize the financial institutions listed in applied for in order to verify the information contained
Signature			Date