



Division of ProScience

# Credit Application

92 Railside Road, Don Mills, Ontario, M3A 1A3 • Phone: 416-446-6411 • Toll Free: 1-800-267-1616 • Fax: 416-446-6412

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Tel: \_\_\_\_\_ A/P Contact: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax: \_\_\_\_\_ A/P Email: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

IRS# (required by US Customs): \_\_\_\_\_

### Business Information

Type of Company: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Limited Company  
\_\_\_\_\_ Jobber/Wholesaler \_\_\_\_\_ Retailer/Distributor \_\_\_\_\_ Product End User

Principal's Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_

Home Address: \_\_\_\_\_

Date Business Began: \_\_\_\_\_ GST# \_\_\_\_\_ PST# \_\_\_\_\_

Main Product Lines: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Estimated Annual Sales: \_\_\_\_\_

Has the firm or any of its Principals ever been bankrupt? \_\_\_\_\_ No \_\_\_\_\_ If Yes, Explain:

Reason for Application: \_\_\_\_\_ Newly Opened Business \_\_\_\_\_ New Customer

**Banking Information** Bank Name: \_\_\_\_\_

Account# \_\_\_\_\_ Contact Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

### Trade References

1 \_\_\_\_\_

2 \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Comments/Notes: \_\_\_\_\_

Approved By: \_\_\_\_\_

Date: \_\_\_\_\_