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APPLICATION OF CREDIT

LEGAL NAME: _____

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SOLE PROPRIETOR: _____ PARTNERSHIP: _____ CORPORATION: _____

TYPE OF BUSINESS: _____ YEARS IN BUSINESS: _____

ADDRESS: _____

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BANK NAME: _____ ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

GST NO: _____ PST NO: _____

TRADE REFERENCES

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

CONTACT: _____

I/We understand the terms of sale are Net 15 days,

AUTHORIZED SIGNATURE: _____

PLEASE PRINT: _____