

## **Credit Application**

Company name:		
		Postal Code:
Phone:	Email: _	
Ship To Address (if different than above)		
City:	_ Province:	Postal Code:
Date Business Started:		_
PST Exempt? Yes No No	Exempt #	
PO Required? Yes No No	GST #:	
Requested Credit Limit: \$		
A/P Contact:		Email:
Purchasing Contact:		Email:
Email Invoices & Statements to:	(email address)	
<b>Business/Trade References:</b>		
Company Name:		
Contact:		Email:
Company Name:		
Contact:		Email:
• 11 •	mpany to make this re	dit Account in the name of the above-mentioned quest and warrant that the information shown here i
Authorized Signature		Position

Thank you,

Jenny Clunas

Accounting Department ar@ccsind.com