

CREDIT APPLICATION

Graphic Controls Canada Company

Remit to: Graphic Controls Canada Company
23 Mill Street, Suite 201
Gananoque, Ontario K7G 2L5

Phone (800)-267-9498

Fax (800)-267-4521

CREDIT APPLICATION

(Please print or type)

DATE OF APPLICATION _____ HOW APPLIED () PHONE () IN PERSON () MAIL/FAX

LINE OF CREDIT REQUESTED \$ _____ Graphic Controls Canada Company Standard Terms: NET 30**

BUSINESS NAME _____

DBA _____

BILLING ADDRESS (Street) _____

(City, Prov.,Postal Code) _____

PHONE # () _____ FAX # () _____ EMAIL _____

PST TAX NO _____ TAX EXEMPT? YES (A copy of tax exemption certificate is required, if applicable)

PURCHASING CONTACT: NAME _____

PHONE # () _____ FAX # () _____ EMAIL _____

ACCOUNTS PAYABLE CONTACT: NAME _____

PHONE# () _____ FAX# () _____ EMAIL _____

GENERAL INFORMATION:

TYPE OF BUSINESS _____ OWNERSHIP: SOLE OWNER ()

DATE ESTABLISHED _____ PARTNERSHIP ()

ESTIMATED ANNUAL SALES _____ CORPORATION ()

HAS THE FIRM OR ANY OF ITS PRINCIPALS EVER FILED BANKRUPTCY? _____

IF YES, EXPLAIN _____

SHIPPING NAME AND ATTENTION _____

SHIPPING ADDRESS (Street) _____

(City, Prov.,Postal Code) _____

TRADE REFERENCES (Name of suppliers of major products)

	NAME	ADDRESS	PHONE #
1			
2			
3			

BANK REFERENCES

NAME and ADDRESS of BANK	PRIMARY CONTACT	PHONE #	ACCT #

Name of Purchaser-Please Print

Signature and Title:

Date: