

# 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: