



## CREDIT APPLICATION

DATE:

COMPANY'S LEGAL NAME:

BUSINESS ADDRESS:

POSTAL/ ZIP CODE:

PHONE NUMBER:

FAX NUMBER:

TYPE OF COMPANY: INCORPORATED \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ LIMITED \_\_\_\_\_

PROPRIETORSHIP \_\_\_\_\_ OTHER (EXPLAIN) \_\_\_\_\_

NAME OF OWNERS & TITLE

TYPE OF BUSINESS:

TAX NUMBER:

DATE OF INCORPORATION:

NAME OF BANK:

BANK ADDRESS:

BANK PHONE NUMBER:

CONTACT PERSON:

ACCOUNT NUMBER:

TRADE REFERENCES:

COMPANY

ADDRESS

EMAIL ADDRESS

Submit credit application to [sandeep@workzonesafetyproducts.ca](mailto:sandeep@workzonesafetyproducts.ca)