

CREDIT APPLICATION**In order to serve you, please complete the following:**

Company Name: _____

Address: _____

Invoicing address: _____

(if different) _____

Telephone No.: _____

Fax No.: _____

Do you require a P.O. number? ☐ YES ☐ NO

Requested Credit Limit: _____

Accounts payable contact:

Mr./Ms./Mrs. _____

First Name

Surname

Telephone No.: _____

E-Mail address: _____

Web Site URL: _____

Type of business: _____

Business number: _____

Would you like invoices via: ☐ Email address: _____ Or ☐ Fax No.: _____Would you like statements via: ☐ Email address: _____ Or ☐ Fax No.: _____**ACCOUNT INFORMATION:**

Account for Canadian Funds

--	--	--

Institute Number

--	--	--	--	--

Transit Number

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Account Number

BANKING INFORMATION:

Bank Name: _____

Bank Address: _____

Telephone No.: _____

Fax No.: _____

Email: _____

Contact Name: Mr./Ms./Mrs. _____

First Name

Surname

Would you like to pay by Electronic Funds Transfer (EFT)? ☐ YES ☐ NO**SUPPLIER INFORMATION:**

1. Company Name: _____

City, Province : _____

Telephone No.: _____

Email/ Fax No.: _____

3. Company Name: _____

City, Province : _____

Telephone No.: _____

Email/ Fax No.: _____

2. Company Name: _____

City, Province : _____

Telephone No.: _____

Email/ Fax No.: _____

4. Company Name: _____

City, Province : _____

Telephone No.: _____

Email/ Fax No.: _____

*Should you approve this application, I (we) agree to pay for all goods purchased within (30) days of receipt of the order. Karsen Supply Company Ltd. is authorized to contact any references or banks listed above. It is understood that any information so obtained will be kept confidential and used solely for the basis of granting credit.

Date: _____ Signature: _____ Print: _____ Title: _____

We would like to take this opportunity to thank you for the interest you have shown in Karsen Supply Company Ltd. and look forward to doing business with you in the near future.