

## **REQUEST FOR CREDIT APPLICATION**

\*\*\*ALL FIFT DS ARE REQUIRED IN ORDER TO ARREDOVE THE ARRIVATION\*\*\*

ALL FIELDS ARE REQUIRED IN ORDER TO APPROVE THE APPLICATION			TION
COMPANY NAME (REGISTERED CORPORATE NAME)  ADDRESS			BUSINESS PHONE NUMBER  BUSINESS FAX NUMBER
TYPE OF COMPANY			YEARS IN BUSINESS
SOLE PROPRIETORSHIP	PARTNERSHIP	CORPORATION	
PRINCIPALS			<del></del>
NAME			POSITION
ADDRESS			HOME PHONE NUMBER
CITY		PROVINCE	CELL PHONE NUMBER
BANKING INFORMATION			
BANK NAME & ADDRESS			PHONE NUMBER
BANK CONTACT PERSON			DATE OPENED
TRADE REFERENCES (EMA	ILS MUST BE PROVIDED)		
COMPANY NAME		EMAIL	PHONE NUMBER
CITY		PROVINCE	FAX NUMBER
COMPANY NAME		EMAIL	PHONE NUMBER
сіту		PROVINCE	FAX NUMBER
COMPANY NAME		EMAIL	PHONE NUMBER
сіту		PROVINCE	FAX NUMBER
BUSINESS INFORMATION ACCOUNTS PAYABLE CONTACT		ACCOUNTS PAYABLE EMAIL	PHONE NUMBER
ACCOUNTS FATABLE CONTACT		ACCOUNTS FATABLE LIVIALE	PHONE NOWIBER
GST#		CREDIT LIMIT REQUESTED	PO REQUIRED
TERMS AND CONDITIONS	(DI FACE DEAD CAREFULL)	\$	YES NO
TERMS AND CONDITIONS PAYMENT TERMS ARE NET 30 DAYS		)	
		ELLER MAY PLACE BUYER ON C.O.D. AND	O/OR SUSPEND DELIVERIES
INTEREST MAY BE CHARGED ON OV			,
BUYER AGREES TO PAY ALL TAXES (I			
•	•	CCOUNT SHOULD THE COMPANY DISSOL	VE
DUCINITES ON MITTIES ALABAT (0) TA	<del>-</del> 1	DUCINECS ON NEEDS CLOSULTURE	
BUSINESS OWNER'S NAME (PLEASE PRINT)		BUSINESS OWNER'S SIGNATURE	
		DATE	
		form to admin@auswalding	