



APPLICATION FOR CREDIT

Date: _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____

Province: _____ P.C. _____

Province: _____ P.C. _____

Tel. #: _____

Tel. #: _____

Fax #: _____

Fax #: _____

Email _____

Email _____

Manager: _____

Owner/President: _____

Buyer: _____

Type of Account: _____

Specializes In: _____

Name & Address of parent if Subsidiary: _____

of Branches: _____

Locations: _____

of Years in Business: _____

Annual Sales Volume: _____

of outside Salesman: _____ # of Employees: _____ # of Accts. Served: _____

If WD, # of Jobbers Served: _____

Territory Covered: _____

Catalogues & Price List Requirements: _____

G.S.T. #: _____

P.S.T. Exempt #: _____

Bank Reference: _____

Manager: _____

Address: _____

Tel. #: _____

Bank Account #: _____

D & B: _____

Name of Accountant: _____

Are Accounts Receivable Pledged or Borrowed Against? _____

From Whom: _____

Amt. Of Credit Desired: _____ Estimated Monthly Purchases: _____

Customer Signature _____

DSL Sales Rep: _____

PLEASE COMPLETE CREDIT REFERENCE LIST ON NEXT PAGE

CREDIT REFERENCES

Customer Name: _____

CREDIT REFERENCE LIST

Please complete Fully

(Incomplete Information Causes Delays in Processing of Application)

1. Name: _____

Address: _____

_____ P.C. _____

Tel. # : _____ Fax #: _____

Email _____

Contact Name: _____

2. Name: _____

Address: _____

_____ P.C. _____

Tel. #: _____ Fax #: _____

Email _____

Contact Name: _____

3. Name: _____

Address: _____

_____ P.C. _____

Tel. #: _____ Fax #: _____

Email _____

Contact Name: _____

4. Name: _____

Address: _____

_____ P.C. _____

Tel. #: _____ Fax #: _____

Email _____

Contact Name: _____