



291 Water Street, PO Box 1437, Summerside, PE, C1N 4K2

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## Credit Application

Name : \_\_\_\_\_  
Years in business \_\_\_\_\_  
Billing address \_\_\_\_\_  
Shipping address \_\_\_\_\_  
Postal Code \_\_\_\_\_  
Telephone # \_\_\_\_\_  
Fax # \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Billing Methods :  
Invoices : E-mail Fax Mail  
Statements: E-mail Fax Mail

### Company Officers and/or Directors

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
Phone # _____	Phone # _____

### Trade Reference (companies you have an account with)

Company _____	Company _____
Address _____	Address _____
Phone # _____	Phone # _____

### Bank Reference

Bank _____	Bank _____
Address _____	Address _____
Phone # _____	Phone # _____

The undersigned consents to a credit report being obtained as may be required at anytime in connection with credit hereby applied for and disclosure of credit information to any credit reporting agency.

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_