

Credit Application Form

Please complete this form and fax to the above information.

Company Information			
Legal Business Name:		Website:	
Trade Name:		Date Established:	
Mailing Address:		City:	Prov. Postal:
Shipping Address:		City:	Prov. Postal:
Main Phone #:	PST Exemption #:	GST Registration:	
# of Employees:	<input type="checkbox"/> Organization <input type="checkbox"/> Corporate <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other		
Main Contact Person:		E-mail address:	
List Full Names, Addresses, and Titles of all Officers, Partners, or Owners			
Name:	Position:	Direct # :	
Full Address:			
Name:	Position:	Direct # :	
Full Address:			
Accounts Payable:	Email:	Direct # :	
Purchaser's Name:	Email:	Direct # :	
Bank References			
Bank Name:	Account #:	Transit #:	
Contact Name:	Phone:	Fax:	
Address:	City:	Prov:	Postal:
Trade References			
Company Name:	Terms:	Account Opened Since:	
Contact Name:	Phone:	Fax:	
Address:	City:	Prov:	Postal:
Company Name:	Terms:	Account Opened Since:	
Contact Name:	Phone:	Fax:	
Address:	City:	Prov:	Postal:

I/We expressly consent to City Window & Glass to obtain any reports containing credit or personal information that is required in obtaining credit from City Window & Glass. I/We declare that the information given on this application is true and accurate in every aspect. This declaration is made for the lone purpose of obtaining credit from City Window & Glass and will remain confidential.

NET 30 DAYS (2% INTEREST ON OVERDUE ACCOUNTS)

Signature: _____ Position: _____ Date: _____