



COMMERCIAL CREDIT APPLICATION

Completed and Signed Credit Application Submission

Fax: **905-628-3646**

Email: accounts@premacanada.ca

BUSINESS CONTACT INFORMATION

Last:		First:	
Legal Company Name:			
Phone:		Fax:	Website:
Email:			
INVOICING Address:		Contact:	
City:		Province:	Postal Code:
SHIPPING Address:			
City:		Province:	Postal Code:
Date Business Commenced:	mm	yyyy	Business Structure: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other <input type="checkbox"/>
List Business Principals:			
ACCOUNTING Contact:		Phone:	Fax:
Email:			
HST/GST Number:		Business Number:	

BANKING INFORMATION

Bank Name:		Account Number:
Bank Address:		
City:	Province:	Postal Code:

PRINCIPLE TRADE REFERENCES (3)

* REFERENCES SHOULD BE COMPANIES YOU HAVE PURCHASED FROM REGARDING PRODUCT/SERVICE EXCHANGE

1. Company Name:	City:	Phone:
	Email:	Fax:
2. Company Name:	City:	Phone:
	Email:	Fax:
3. Company Name:	City:	Phone:
	Email:	Fax:

AUTHORIZATION

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

Date: _____ Printed Name: _____
Authorized Signature: _____ Title: _____

FOR OFFICE USE ONLY

Approved by: _____

Approved

Credit Limit: _____

Date: _____