



90 Wright Ave  
Dartmouth NS  
B3B 1P2  
Tel: (902) 482-6145 ext 42  
Fax: (902) 468-4157

## Credit Application

Registered Company Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_  
(if different from above)

Type of Business: \_\_\_\_\_ How long in business: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact Person: \_\_\_\_\_

### Principals of Company:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Phone of Bank: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### Credit References:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

