



CREDIT APPLICATION FORM

Company: _____

Customer Name: _____ Date: _____

Address: _____

Phone Number: _____ Fax Number: _____

City: _____ Postal Code: _____

Date Business Commenced: _____

Email address: _____

Sole Proprietorship: Partnership: Corporation: Other:

BUSINESS AND CREDIT INFORMATION

Bank: _____

Bank Location: _____

Bank Representative's Name: _____

Email address: _____

City: _____ Postal Code: _____

Phone Number: _____ Fax Number: _____

Account Number: _____

Type of Account: _____

BUSINESS / TRADE REFERENCES

Company Reference #1: _____

Address: _____ Postal Code: _____

Company Contact's Name: _____

Email address: _____

Phone Number: _____ Fax Number: _____

Account Number: _____

Type of Account: _____

Company Reference #2: _____

Address: _____ Postal Code: _____

Company Contact's Name: _____

Email address: _____

Phone Number: _____ Fax Number: _____

Account Number: _____

Type of Account: _____

AGREEMENT

All invoices are to be paid 30 days from the date of the invoice. Claims arising from invoices must be made within seven working days. By submitting this application, you authorize Durham Custom Sheet Metal Ltd. to make inquiries into the banking and business/trade references that you have supplied.

Signature

Signature

Name & Title

Name & Title

Date

Date