

## CREDIT APPLICATION

CUSTOMER INFORMATION			
COMPANY NAME:			
TRADING AS:			
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
PHONE NUMBER:	FAX NUMBER:		
MAIN PRINCIPALS			
NAME:	PHONE:	EMAIL:	
NAME:	PHONE:	EMAIL:	
BANK INFORMATION			
BANK NAME:	BANK ADDRESS:		
CITY:	PROVINCE:	POSTAL CODE:	
CONTACT NAME:	PHONE:	FAX:	
EMAIL:	ACCOUNT NUMBER:		
MAJOR TRADE REFERENCES			
COMPANY NAME:	PHONE:	FAX:	
CONTACT NAME:	EMAIL:		
COMPANY NAME:	PHONE:	FAX:	
CONTACT NAME:	EMAIL:		
COMPANY NAME:	PHONE:	FAX:	
CONTACT NAME:	EMAIL:		
GENERAL INFORMATION			
CRA BUSINESS NO:	MB PST EXEMPTION NO (if applicable / 7 Digits):		
IN BUSINESS SINCE:	NUMBER OF EMPLOYEES:		
CREDIT LIMIT REQUESTED: \$	ESTIMATED ANNUAL PURCHASES: \$		
TYPE OF COMPANY: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER			
NATURE OF BUSINESS: <input type="checkbox"/> MANUFACTURER <input type="checkbox"/> DISTRIBUTOR <input type="checkbox"/> RETAILER <input type="checkbox"/> OTHER			
BILLING INFORMATION			
PURCHASER' NAME:	EMAIL:	PHONE:	
ACCTS PAYABLE NAME:	EMAIL:	PHONE:	
CONTROLLER'S NAME:	EMAIL:	PHONE:	
EMAIL INVOICES / STATEMENTS TO:		CC:	
PAYMENT METHOD PREFERENCE: <input type="checkbox"/> EFT / ACH DIRECT BANK TRANSFER <input type="checkbox"/> CHEQUE <input type="checkbox"/> CREDIT CARD			

PLEASE RETURN COMPLETED FORM TO: [OFFICEMANAGER@LABELS.CA](mailto:OFFICEMANAGER@LABELS.CA)  
(All information will be held in strict confidence)