Canadian Business Credit Application



To establish a net 30 account please fill out the form below. Once completed please send it to info@maillotinc.com. If you are a business operating outside of Canada or have any questions, please contact us.

Name & Address	Firet:	N A:-	idle Initial:	Title
Last: First:		MIC	Middle Initial: Title	
Name of Business:				Tax I.D. Number
Address:				
City:	Province:	Postal:		Phone:
Company Informatio	n			
Type of Business:	11	In B	Business Since:	
Legal Form Under Which I	Business Operates:			
Corporation [tion 🗌	Partnership	Proprietorship ☐
If Division/Subsidiary, Name of Parent Company:		In Business Since:		
Address:	City:	Province:	Postal:	Phone:
GST Registration #:				
If company resells product	s, PST exemption #:			
Contact information of	of person that invoice	es should be sent to	1	
Name:				
Email:				
Phone:				
Banking Information Institution Name:				
Checking Account #:				
Address:				
Phone:				
Company Name:	Compa	uny Namo:		Company Namo:
Company Name: Contact Name:		Company Name:		Company Name:
Address:		Contact Name: Address:		ddress:
	Addres		A	
Phone:		Phone:		hone:
Account Opened Since:	Accour	Account Opened Since:		ccount Opened Since:
inderstanding that it is to b	ne used by Maillot Enterp norize the financial institu	rises Inc. to determine tutions listed in this creations	the amount and dit application	information has been furnished with a conditions of the credit to be extend to release necessary information to ein.
company for which credit is	being applied for in order	to verify the information	, demained no	

Date



Signature