## **Canadian Business Credit Application**



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

Name & Address (representative filling out this form and the office/branch that they are based out of)

Last:	First:	Mic	ddle Initial:	Title:	
Name of Business:					
Address:					
City:	Province:	Postal:		Phone:	
Company Informati	ion				
Type of Business:		In E	Business Since:		
Legal Form Under Whic	h Business Operates:				
_		oration $\square$	Partnership	Proprietorship 🗌	
If Division/Subsidiary, N	ame of Parent Company		In Busines	s Since:	
Address:	City:	Province:	Postal:	Phone:	
GST Registration #:					
If company resells, PST	exemption #:				
Contact information	of person that invo	ices should be sent to	)		
Name:					
Email:					
Phone:					
Banking Information Institution Name:  Checking Account #:					
Address:					
Phone:					
rade References					
Company Name:	Con	npany Name:	Co	ompany Name:	
Contact Name:	Con	tact Name:	Co	ontact Name:	
Address:	Add	ress:	Ac	Idress:	
Phone:	Pho	ne:	Pł	none:	
Account Opened Since	: Acc	ount Opened Since:	Ac	count Opened Since:	
inderstanding that it is to urthermore, I hereby a	b be used by Maillot Ente uthorize the financial ins	erprises Inc. to determine stitutions listed in this cre	the amount and dit application t	formation has been furnished with the conditions of the credit to be extende or release necessary information to the	
ompany for which credit	is being applied for in ord	der to verify the informatior	i contained here	IIN.	
Signature			Date		

