
CUSTOMER CREDIT APPLICATION FORM

BUSINESS NAME: PHONE NUMBER:
STREET ADDRESS: FAX NUMBER:
CITY: PROVINCE: POSTAL CODE:
BUSINESS REGISTRATION NO: NO. OF YEARS IN BUSINESS:
BUSINESS IS A CORPORATION: PARTNERSHIP: PROPRIETORSHIP:
CREDIT LINE REQUESTED: TOTAL ANNUAL SALES:
ARE FINANCIAL STATEMENTS AVAILABLE? YES: NO:

COMPANY PRICIPLE 1 – FULL NAME:

TITLE: EMAIL: PHONE: FAX:

COMPANY PRICIPLE 2 – FULL NAME:

TITLE: EMAIL: PHONE: FAX:

COMPANY PRICIPLE 3 – FULL NAME:

TITLE: EMAIL: PHONE: FAX:

BUSINESS BANK NAME:

BUSINESS BANK ACCOUNT NO:

BRANCH ADDRESS:

BRANCH CONTACT NAME:

BRNACH PHONE NUMBER:

TRADE REFERENCE 1 - COMPANY NAME:

CONTACT: EMAIL: ADDRESS:

PHONE: FAX:

TRADE REFERENCE 1 - COMPANY NAME:

CONTACT: EMAIL: ADDRESS:

PHONE: FAX:

TRADE REFERENCE 1 - COMPANY NAME:

CONTACT: EMAIL: ADDRESS:

PHONE: FAX:

Please submit completed forms by fax at **647-435-7364** or by email at info@conquestdistributors.ca.
The application process may take up to 2 weeks or more depending on trade reference responses.
We will contact you as soon as your application status is confirmed.