

Company Information

Name of Business		
Address		
City/Province/Postal Code		
Ship to Address (If different from above)		
Telephone	Fax	Years in business
Products or Services		□ Sole Proprietorship □ Partnership □ Incorporated
Accounts Payable Contact		Preferred way of being sent invoices and statements MAIL FAX KARPENER EXEMPTED
Phone		
Fax		
Email		
Purchasing Contact		PO # Required \Box YES \Box NO
Phone		
Fax		
Email		

Bank References

Institution Name	Credit Limit Requesting	
	Terms Requesting	
Account Number		
Address		
City/Province/Postal Code		
Contact Name		
Telephone	Fax	

Trade References

Company Name	Company Name	Company Name
Email:	Email:	Email:
Address	Address	Address
Phone	Phone	Phone
Account Open Since	Account Open Since	Account Open Since
Credit Limit	Credit Limit	Credit Limit
Current Balance	Current Balance	Current Balance