

ReFeed Canada Account Application

Name/Address

Last:	First:	Middle Initial:	Title	
Name of Business:			Tax I.D. Number	
Address:				
City:	Province:	Postal Code:	Phone:	
Credit Limit Requested:				

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Corporation <input type="checkbox"/>		Partnership <input type="checkbox"/>		Proprietorship <input type="checkbox"/>
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	Province:	Postal Code:	Phone:
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	Province:	Postal Code:	Phone:

****PLEASE FILL OUT BELOW ONLY IF REQUESTING CREDIT****

Bank References

Institution Name:	Institution Name:	Institution Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

*****STANDARD TERMS ARE NET 30 DAYS ON APPROVED CREDIT***
 ALL ORDERS REQUIRE A FREIGHT QUOTE*

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for to verify the information contained herein.

 Signature

 Date