



# Credit Application

Fax to: 905-482-2259

20 Bessemer Court, Concord, ON L4K 3C9 Tel: 905-482-2256

Legal Company Name: \_\_\_\_\_ Website: \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_ GST No: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ **CREDIT AMOUNT REQUESTED**

Sole Proprietor: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ WSIB/WCB #: \_\_\_\_\_ Liability Insurance # \_\_\_\_\_

Directors Full Name	Position	Ownership %
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

### Banking Information:

Bank: \_\_\_\_\_ Acct #: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

### Accounts Payable Contact:

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Trade References:

1) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

2) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

3) Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact: \_\_\_\_\_

I, the undersigned, am duly authorized to sign for the corporation/company (signing officer) and believe all of the above information to be true and correct. Byrne Partners Corp. has the authorization to contact all or any of the above in order to collect credit information only. All payments to Byrne Partners Corp. will be made within 30 days of the invoice date.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

(please print)