

## **Customer Credit Application**

				any Informat				
Legal Company Name:								
Billing Address:								
City, Prov., Postal Code:								
Shipping Address:								
City, Prov., Postal Code:				_Business #:				
Choose one:				Other (Please Spec			=	
Owners name:								
Home Address:								
Authorized Signers:								
		Π'n						
Tax Exempt?		_Np □To		ase attach a d				
Subsidiary?	YES	No	If Y					
				Parent (	Co. address			
			Cont	act Informati	on			
Acct. Payable Associate:							Fax:	
Acct. Payable Email:						Both		
Purchasing Associate:				-		_	Fax:	
Receiving Associate:				_ Phone:			_ Fax:	
reconving resociates.				_ 1 110110.			_	
David Name				eference Info				
City, Prov, Postal Code:			_		Acct # : Transit #: Fax:			
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Print Name

Date

Authorized Signature