7880 Woodbine AVE, MARKHAM,
ON L3R 2N7
TEL: 905.477.7772
FAX:905.477.9665

Customer Credit Application

Company Information

Company Name: _____ Date Established: _____
Billing Address: _____ Type of Business: _____
City, Prov., Postal Code: _____ Credit Limit Requested: _____

Shipping Address: _____ Phone: _____ Fax: _____
City, Prov., Postal Code: _____ Business #: _____
Choose one: ☐ Corporation ☐ Partnership ☐ Proprietorship

Dunn & Bradstreet #:: _____
Officers: President: _____ Vice President: _____

Tax Exempt? ☐ YES ☐ NO If YES, please fax or mail a copy of the exemption certificate.
Subsidiary? ☐ YES ☐ NO If YES, name of Parent Co. _____
Parent Co. address _____

Contact Information

Acct. Payable Associate: _____ Phone: _____ Fax: _____
Purchasing Associate: _____ Phone: _____ Fax: _____
Receiving Associate: _____ Phone: _____ Fax: _____

Banking Reference Information

Bank Name: _____ Acct # : _____
Address: _____
City, Prov, Postal Code: _____
Phone: _____ Fax: _____

Trade Reference Information

Trade Reference 1: _____ Acct # : _____
Billing/Street Address: _____
City, Prov, Postal Code: _____
Phone: _____ Fax: _____

Trade Reference 2: _____ Acct # : _____
Billing/Street Address: _____
City, Prov, Postal Code: _____
Phone: _____ Fax: _____

Trade Reference 3: _____ Acct # : _____
Billing/Street Address: _____
City, Prov, Postal Code: _____
Phone: _____ Fax: _____

Do you issue Purchase Orders? ☐ YES ☐ NO

If YES, please send a copy of the Purchase Order to the appropriate TVC sales office for each purchase.

TERMS ARE NET 30 DAYS

I authorize the release of credit information to TVC Canada.

Signed _____
Authorized Signature Print Name Date