



Credit Application Form

			Date:	
Company Name:				
Phone Number:		Fax:		
Contact Person:		Contact Person Phone:		
Email:				
Office Address:				
Delivery Address: (If Different)				

PART OF ANOTHER ORGANIZATION

Yes:	No:	If Yes, Provide The Following:
		Company Name:
		Company Address:
Type Of Relationship (Division, Wholly Owned Subsidiary, etc.):		

GENERAL INFORMATION

Year Started (mm/yy):			
Type Of Organization (Check One):	Corporation:	Partnership:	Or Proprietorship:
Primary Business (Glazier, Auto Glass, OEM, etc.):			

Have you ever done business with us under this or any other business name?

Yes:	No:	If Yes, Name:
City:		Province:

Have you or a corporation owned by you ever filed bankruptcy or had any involuntary bankruptcy proceeding, receivership or like proceeding filed against you?

Yes:	No:	If Yes, Year:
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Sales tax information (extremely important): Are you tax exempt?

Yes:	No:	If Yes, Submit a completed Tax Exemption Certificate with this application. Sales tax will be charged unless an appropriate exemption certificate is provided.
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INFORMATION REGARDING THE OWNER(S) OF THE COMPANY:

1.	Full Name:		
	Home Address:		
Primary contact number:			

2.	Full Name:		
	Home Address:		
Primary contact number:			