



6500 Silver Dart Drive #303F  
 Mississauga, Ontario L5P 1B1  
 Phone: 905-678-5499 Fax: 905-678-5492  
 Web Site: www.scacli.ca

## CREDIT APPLICATION

Legal Business Name: \_\_\_\_\_

Account #: \_\_\_\_\_ GST #: \_\_\_\_\_ SIC #: \_\_\_\_\_ BN #: \_\_\_\_\_

Other Trade Name(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Delivery Address: \_\_\_\_\_  
 (if different from above)

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Amount of Credit Required:** \$ \_\_\_\_\_ / Month **Agreed Payment Terms:** \_\_\_\_\_

**Principal(s) / Officer(s)** **GST Letter**  Yes  No **Importer Bond**  Yes  No

Last Name (Surname)	First Name	Title/Position	% Ownership	Home Address
1.				
2.				
3.				

**Business Information:**

Year Business Started: \_\_\_\_\_ (YYYY) Year Present Ownership Started, if different: \_\_\_\_\_ (YYYY)

Type of Business:  Corporation  Partnership  Proprietor Other: \_\_\_\_\_

Line of Business:  Manufacturer  Wholesaler  Retailer Other: \_\_\_\_\_

Total Employees: \_\_\_\_\_ Insurance Coverage: \$ \_\_\_\_\_

Owns Premises  Rents Premises Size of Premises (Sq. Ft.) \_\_\_\_\_ Annual Sales \$: \_\_\_\_\_

**Financial Statement**

Accountant Firm: \_\_\_\_\_ Accountant: \_\_\_\_\_ Phone: \_\_\_\_\_

Branch Location: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

**Bank Reference**

Name of Bank: \_\_\_\_\_ Account # \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Branch Location: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

**Supplier Reference**

Company Name	Address	City	Contact	Prov.	Phone #	Fax #
1.						
2.						
3.						

Any personal or Business assets?  Yes  No Any judgements filed by creditors:  Yes  No

I agree to the terms and conditions on the reverse side of the agreement.

Date: \_\_\_\_\_ Signature \_\_\_\_\_ Name & Title (Please print) \_\_\_\_\_ Signing Officer \_\_\_\_\_

MM DD YY

Signature

Name & Title (Please print)

Signing Officer