



**CREDIT APPLICATION PAGE 1**

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

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Check as applicable: Proprietorship  Partnership  Corporation

If Corporation, date of incorporation: \_\_\_\_\_

Accounts Payable contact: \_\_\_\_\_

**List full names, title of partners, owners, officers, etc:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Manager: \_\_\_\_\_ Account#: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Credit Required: \$ \_\_\_\_\_

Is a purchase order required? Yes No

Are you P.S.T tax exempt? Yes No (If Yes include certificate)

**Trade References:**

1. Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_



**CREDIT APPLICATION PAGE 2**

**Trade References:**

2. Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Trade References:**

3. Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Customer #: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

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

**\*\*Note:** The Iceman Toronto is authorized to do such checks and obtain such information as it deems necessary in order to make a credit decision on this application. ***First order is always C.O.D (cash, credit card or certified cheque).*** Terms are net 30 or otherwise specified. Abuse of these terms may lead to cancellation of credit privileges.