



# Credit Application Form

Please return to Accounts Receivable Department at 905+265-9739

Business Contact Information			
Name:		Title:	
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Prov./State:	Postal/ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
Federal Tax I.D.:	Sales Tax Certificate No.:	Federal Tax I.D.:	
Expected purchases \$ _____ per year.			
Name of Officer:		Title:	
Name of Officer:		Title:	
Name Purchasing Agent:		Name of A/P Contact:	
Business and Credit Information			
Primary business address:			
City:	Prov./State:	Postal/ZIP Code:	
How long at current address?	Number of year in business?	Number of Employees?	
Phone:	Fax:	E-mail:	
Bank name:		Bank Contact:	
Bank address:		Phone:	
City:	Prov./State:	Postal/ZIP Code:	
Type of account		Account number	
Savings	Checking	Other	
Business/trade references			
Company name:		Address:	
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Address:	
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:		Address:	
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Agreement			
<p>1. All invoices are to be paid 30 days from the date of the invoice.                  2. Claims arising from invoices must be made within seven working days.                  3. By submitting this application, you authorize Thermal Hydronic Supply Ltd. to make inquiries and any credit reference checks required into the banking and business/trade references that you have supplied.</p>			
Signatures			
Name:	Title:	Date:	