

CREDIT APPLICATION

Attention: _____

Sent By: _____

1. Company Information:

Company Name: _____

Invoicing Address: _____

Telephone: _____ Fax: _____

Accounts Payable Contact: _____

Accounts Payable Telephone number: _____

Accounts Payable Email: _____

GST registration Number: _____

Description of Business: _____ Years in Business: _____

Type of Business: Corporation Partnership Proprietorship

2. Business Credit References:

* Please note that you **MUST** include **both** Fax and Phone numbers for all 3 references.

Company Name:

Telephone:

Fax:

1. _____

2. _____

3. _____

3. Banking Information

Bank: _____ Account #: _____

Address: _____ Manager: _____

City: _____ Telephone: _____ Fax: _____

4. **Applicant's signature authorizes the verification of information provided above as well as other credit information available to Canadawide Scientific. Upon credit approval the applicant agrees to pay our invoices on terms of Net 30 days.**

Authorized Signature: _____

Title: _____ Date: _____