Credit Application



Business Contact Information	on	
Title:	Company Name:	
Phone:	Fax:	Email:
Registered Company Address: _		
City:	Province:	Postal Code:
Date Business Commenced:		
☐ Sole Proprietorship ☐ I	Partnership Corporation	□ Other:
Business Information Primary Business Address:		
City:	Province:	Postal Code:
How long at this current addres	s? Accounts Payabl	e Contact:
Are invoices to be faxed, mailed	or emailed?	
Do your invoices require purcha	se order numbers?	□ Yes □ No
Phone:	_ Fax:	Email:
Credit Information Bank Name:		
Bank Address:	Phone:	
City:	Province:	Postal Code:
☐ Chequing Account No:		
☐ Savings Account No:		
☐ Other Account No:		

Credit Application



Business/Trade Refer	ences		
1) Company Name:			
City:	Province:		Postal Code:
Phone:	Fax:		Email:
2) Company Name:			
City:	Province:		Postal Code:
Phone:	Fax:		Email:
3) Company Name:			
City:	Province:		Postal Code:
Phone:	Fax:		_ Email:
Agreement			
All invoices are to be pai Finance charges will be a be made within seven da	applied on all overdue invoi	ices at 2%/month. iing below you auth	s prior authorization has been given. Any claims arising from invoices must norize Pankratz Enterprises Ltd. to bu have supplied.
Applicant's Name (print)		Applicant's Name (print)	
Applicant's Signature		Applicant's Signature	
Date		Date	