



Application for Credit

Business Name: _____ Date: _____

Physical Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Nature of Business: _____ Corporation Partnership Proprietorship

Principal's Full Name: _____ Title: _____

Principal's Full Name: _____ Title: _____

Principal's Full Name: _____ Title: _____

Number of Years in Business: _____ Annual Sales: _____

Banking

Name of Bank: _____

Address: _____

Telephone: _____ Account #: _____

Contact: _____

References

Name & Address

Phone

Fax

Name & Address	Phone	Fax
_____	_____	_____
_____	_____	_____
_____	_____	_____

Credit Information

Amount of Credit Required: _____ P.O.'s Yes No

GST # _____ Accounts Payable Contact: _____

Credit Terms: Accounts are due and payable 30 days from the Invoice date. 2% interest will charged on all late invoices.

I certify that the information given above is correct. I have read the Delivery Tech rate sheet and agree to the rates and credit terms.

Signature _____ Title _____ Date _____