

# Fabco Plastics Credit Application

## Application for Credit

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ A/P CONTACT: \_\_\_\_\_  
\_\_\_\_\_ A/P TELEPHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_  
AMOUNT OF CREDIT REQUESTED: \_\_\_\_\_  
SALESTAX NUMBERS: GST: \_\_\_\_\_ PST: \_\_\_\_\_  
LEGAL NAME OF COMPANY: \_\_\_\_\_ COMMENCEMENT OF BUSINESS: \_\_\_\_\_  
COMPANY OFFICERS: 1) \_\_\_\_\_ TITLE: \_\_\_\_\_  
2) \_\_\_\_\_ TITLE: \_\_\_\_\_  
OWNERSHIP:  CORPORATION  PARTNERSHIP  SOLE PROPRIETOR

**OUR TERMS OF PAYMENT ARE STRICTLY NET 30 DAYS. YOUR APPLICATION FOR CREDIT IS YOUR AGREEMENT TO ABIDE BY THESE TERMS. OWNERSHIP OF GOODS OR SERVICES PURCHASED SHALL REMAIN THE PROPERTY OF FABCO PLASTICS WHOLESALE (ONTARIO) LIMITED UNTIL PAID IN FULL.**

### TRADE REFERENCES: (SUPPLIERS WITH WHOM YOU ARE CURRENTLY DOING BUSINESS)

1) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_  
2) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_  
3) NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FAX: \_\_\_\_\_

**BANK REFERENCE:** NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_  
CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_

**I THE UNDERSIGNED HEREBY GIVE AUTHORITY TO RELEASE BANKING AND TRADE REFERENCE INFORMATION NECESSARY FOR THE APPROVAL OF CREDIT.**

PRINT NAME: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

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**FOR OFFICE USE ONLY:** DATE: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_  
CREDIT LIMITED: \_\_\_\_\_ CUSTOMER NUMBER: \_\_\_\_\_  
TERRITORY CODE: \_\_\_\_\_ DISCOUNT CODE: \_\_\_\_\_ NAICS: \_\_\_\_\_