



## CREDIT APPLICATION

85 Morrow Road | Barrie, ON, Canada, L4N 3V7 | Tel: 1.705.737.0551 | TF: 1.866.269.8275 | Fax: 1.705.737.4044 |  
statements@albarrie.com | www.albarrie.com

The undersigned is applying for credit with \_\_\_\_\_  
(the "Company") and agrees to abide by the terms and conditions of the Company's standard contract.

### 1 APPLICANT INFORMATION

Legal Name of Applicant	
Trade Name	
Address (Street, City, Province/State, Country,Postal Code/Zip Code)	

### 2 CONTACT INFORMATION

Mr.	Ms.	Contact Name		
Title				
Telephone			Fax	
E-mail Address				
Website				

### 3 YOUR BUSINESS

Legal Status	<input type="checkbox"/> Incorporated <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other <i>Please specify:</i>			
Tax ID	GST/HST		US TIN	VAT
Ownership / Parent Company				
Nature of Business				
Type of Business	<input type="checkbox"/> Manufacturer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Trading House <input type="checkbox"/> Contractor <input type="checkbox"/> Services <input type="checkbox"/> Other <i>Please specify:</i>			
Year Established		Number of Employees		
Annual Sales				

Albarrie Internal Use Only:	
Sales Rep:	Credit Approved:
Sales Tax Exemption Certificate	
Remarks:	

**4 CREDIT INFORMATION**

Amount of Credit Requested	\$
Have you or any of your affiliates ever had credit with us before or purchased from us before?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under what name?
Name and title of persons authorized to act on your behalf:	

**5 BANKING INFORMATION**

Name of Your Bank			
Contact Name	E-mail Address		
Address (Street, City, Province/State, Country,Postal Code/Zip Code)			
Telephone		Fax	
Transit No.	Account No.:		

**6 TRADE REFERENCES**

Company Name			
Contact Name			
Address (Street, City, Province/State, Country,Postal Code/Zip Code)			
Telephone		Fax	
E-mail Address			

Company Name			
Contact Name			
Address (Street, City, Province/State, Country,Postal Code/Zip Code)			
Telephone		Fax	
E-mail Address			

Company Name			
Contact Name			
Address (Street, City, Province/State, Country,Postal Code/Zip Code)			
Telephone		Fax	
E-mail Address			

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_