



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: _____