

CREDIT APPLICATION

2460 Anson Drive, Units 4-7
Mississauga, Ontario L5S 1G7
Tel: (905) 677-6140 Fax: (905) 677-0262
1-800-296-7131 E-mail: peellabel@on.aibn.com

COMPLETE AND ACCURATE INFORMATION ON THIS APPLICATION WILL ENSURE THAT YOUR ORDERS WILL BE PROMPTLY PROCESSED AND WILL AVOID ERRORS IN INVOICING.

CUSTOMER NAME: _____

ADDRESS: _____ CITY: _____

PROVINCE: _____ POSTAL CODE: _____ PHONE: () - _____

EMAIL ADDRESS _____ FAX: () - _____

IN BUSINESS: _____ YEARS UNDER THIS COMPANY: _____ YEARS AT THIS ADDRESS: _____

NATURE OF BUSINESS: _____

HEAD OFFICE AND LOCATION: _____

NAME OF PRINCIPAL, PARTNER, OR PROPRIETOR: _____

1) _____ TITLE _____

2) _____ TITLE _____

YOUR BANK NAME: _____

ADDRESS: _____

LINE OF CREDIT DESIRED: _____

CURRENT SUPPLIERS: 1) NAME _____

ADDRESS _____

CITY _____ PROVINCE: _____ PHONE: () - _____

2) NAME _____

ADDRESS _____

CITY _____ PROVINCE: _____ PHONE: () - _____

3) NAME _____

ADDRESS _____

CITY _____ PROVINCE: _____ PHONE: () - _____

CONTACT IN ACCOUNTS PAYABLE: _____ PHONE: () - _____

CONTACT IN PURCHASING: _____ PHONE: () - _____

PLEASE NOTE THAT OUR TERMS ARE STRICTLY NET 30 DAYS FROM DATE OF INVOICE.
ACCOUNTS EXCEEDING THESE TERMS MAY BE CHARGED 2% PER MONTH ON UNPAID BALANCES.

SIGNATURE: _____ DATE: _____