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| **Shandex Sales Group Ltd.**1100 Squires Beach RoadPickering, ON Canada L1W 3N8(905) 420-7407CREDIT APPLICATION |
| **Business Contact Information** |
| Trade name: |
| Company name: |
| Phone: | Fax: | E-mail: |
| Address: |
| City: | Province: | Postal Code: |
| GST/HST#: | QST#: |
| IRS# (US customers only): |
| Date business commenced: |
| Purchasing contact: |
| E-mail: | Phone: |
| Accounts payable contact: |
| E-mail: | Phone: |
| Sole proprietorship: | Partnership: | Corporation: | Other: |
| **BANKING INFORMATION** |
| Bank name: |
| Bank address: | Phone: |
| City: | Province: | Postal Code: |
| **Type of account** | **Account number** |
| Savings |  |
| Checking |  |
| Other |  |
| **Business/trade references** |
| Company name: |
| Phone: | Fax: | E-mail: |
| Company name: |
| Phone: | Fax: | E-mail: |
| Company name: |
| Phone: | Fax: | E-mail: |
| **PRINCIPAL OFFICERS** |
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |
| Name: | Title: |
| **Agreement** |
| I, undersigned, certify the above information is correct. By submitting this application, you authorize Shandex Sales Group Ltd. to make inquiries into the banking and business/trade references that you have supplied. |
| **Signatures** |
| Title:Date: | Title:Date: |