|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Shandex Sales Group Ltd.** 1100 Squires Beach Road  Pickering, ON Canada L1W 3N8  (905) 420-7407 CREDIT 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: | |