



# CREDIT APPLICATION

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

Company Name: \_\_\_\_\_ Applicant Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Years in Operation: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of account applied for:  Charge Account  Cash Account

**If applying for a Charge Account, please complete the full form below:**

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Purchaser Name: \_\_\_\_\_ Purchaser Email: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Accounts Email: \_\_\_\_\_

Business is a:  Corporation  Partnership  Sole Proprietorship

Bank Name: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

Principal Name (1): \_\_\_\_\_ Phone: \_\_\_\_\_

Principal Name (2): \_\_\_\_\_ Phone: \_\_\_\_\_

**Trade References**

Company Name (1): \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name (2): \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Name (3): \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

PLEASE NOTE THAT WE DO NOT ACCEPT REFERENCES BY PHONE - Thanks

**Fax credit application back to: 1.877.484.1209 or email [accounts@allglassparts.com](mailto:accounts@allglassparts.com)**