



Credit Application

Company Name: _____ Year Established: _____
(Trade Name or Operating As)

Shipping Address

Billing Address (if different than shipping address)

Street _____ Street _____
City & Province _____ City & Province _____
Postal Code _____ Postal Code _____
Phone: (____) _____ Fax: (____) _____ Website: _____

Accounting Contact:

Name: _____ Phone: (____) _____
Email: _____

Statement Required: (circle one) Yes No Purchase Orders Issued: Yes No
Email Invoices/Statements: Yes No Mail Invoices/Statements: Yes No
GST Registration #: _____ HST Registration #: _____

Type of Entity: (Please check box)

Corporation Partnership Charitable Organization
 Sole Proprietorship Limited Partnership

(A) If Corporation Please Complete:

Legal Name: _____ Officer's Name/Title _____
Parent Company: _____ Officer's Name/Title _____

(B) If Partnership or Sole Proprietor Please Complete:

Owner/Partner's Name: _____ Home Phone: () _____
Partner's Name (if applicable) _____ Home Phone: () _____

Trade References

(1) Name: _____ Phone: (____) _____

Address: _____ Fax: (____) _____

Email: _____

(2) Name: _____ Phone: (____) _____

Address: _____ Fax: (____) _____

Email: _____

(3) Name: _____ Phone: (____) _____

Address: _____ Fax: (____) _____

Email: _____

Bank Reference

Name of Bank: _____ Telephone: (____) _____

Bank Address: _____

Account Number or Branch Contact: _____

Amount of Credit Requested: _____

If credit is granted we agree to pay invoices according to terms stated on the invoice and that a service charge of 2% per month will be charged on any amount overdue. We authorize Liftway Limited to contact the above noted bank and trade references for credit determination purposes.

Signature: _____ Title: _____

Name: _____ Date: _____