

Strapping & Packaging Products

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APPLICATION FOR CREDIT

Full Legal Business Name:		
Operating / Trade Name(s):		
Billing Address:		
Accounting Email Address:		
City:	Province:	Postal Code:
Billing Telephone and Fax Number:	Tel.:	Fax No.
Date Business Commenced		
Date Business Incorporated		
Corporation/Partnership/Proprietorship		
Credit Limit Requested \$ _____ . ____ (Estimated Weekly Shipping Volumes \$ _____ .00)		
Number of years in operating current Business:		Type of Business:
Business Principal(s) No.1:		Title:
Business Principal(s) No.2:		Title:
Credit References:		
Name:	Telephone No.	E-mail Address
1)		
2)		
3)		
Banking References:		
Name of Bank or Institution:	Account Manager Name	Telephone No.
Address of Bank or Institution (Street, City Province):		
Bank Account Number:		
Terms: It is hereby agreed that invoices are to be paid within 15 days from date of billing. All overdue accounts are subject to a 2.5% interest charge per month. All NSF cheques carry a \$75.00 administration fee.		
Signature:	Title:	Date: