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 ARQueries@remcogroup.com

Sales Representative: _____
 Annual Revenue Potential: _____
 Date (mm/dd/yy): _____
 Limit Requested: _____

CREDIT APPLICATION

GENERAL INFORMATION

LEGAL COMPANY NAME: _____

COMPANY ADDRESS: _____
STREET NAME & NUMBER CITY PROV/STATE POSTAL/ZIP CODE

BILLING ADDRESS: _____
STREET NAME & NUMBER CITY PROV/STATE POSTAL/ZIP CODE

BUSINESS TEL #: _____ FAX #: _____

ACCOUNT CONTACT: _____ POSITION: _____

TELEPHONE NUMBER: _____ EMAIL: _____

SHIPPING CONTACT: _____ POSITION: _____

TELEPHONE NUMBER: _____ EMAIL: _____

ACCTS PAY. CONTACT: _____ POSITION: _____

TELEPHONE NUMBER: _____ EMAIL: _____

BUSINESS INFORMATION

BUSINESS TYPE (Check One): Proprietorship Partnership Incorporated LLP

NATURE OF BUSINESS: _____ Date Established: _____

AFFILIATED COMPANIES: _____

PRINCIPAL: _____ POSITION: _____

ADDRESS: _____ TEL #: _____

BANKING INFORMATION

NAME OF BANK: _____ BRANCH: _____

BANK ADDRESS: _____

ACCOUNT #: _____ ACCOUNT TYPE: _____

CONTACT PERSON: _____ TEL #: _____

CREDIT REFERENCES (please list all three)

COMPANY NAME: _____ CONTACT: _____

BUSINESS TEL#: _____ FAX #: _____

COMPANY NAME: _____ CONTACT: _____

BUSINESS TEL#: _____ FAX #: _____

COMPANY NAME: _____ CONTACT: _____

BUSINESS TEL#: _____ FAX #: _____

I authorize Remco to obtain credit information on the above named entity for the purpose of establishing a credit limit. I agree to maintain the account in good standing and abide by the payment terms as agreed with Remco. An Administrative Charge of 1.5% per month will be charged on all overdue accounts. Overdue accounts may be subject to a suspension of services.

NAME & TITLE - PLEASE PRINT

AUTHORIZED SIGNATURE - I have authority to bind this entity

CR-APP-S02