

INTER-OFFICE USE ONLY	APPROVED:	NOT APPROVED:	CREDIT LIMIT:
	APPROVED BY:	DATE:	

**Aprons 'n More Inc. 164 Needham Street, Lindsay, ON K9V 5R7**  
**ASI/ 36563 PPAC/ 970109**  
**Tel: (705) 324-0810 Fax: (705) 324-0409 / Alternate Fax: (705)324-0830**

Please complete & return this credit application so that we may set up an account for your future order convenience.

**CREDIT APPLICATION**

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

**Co. Name:** \_\_\_\_\_

**Trade Name:** \_\_\_\_\_

**Invoice Address:** \_\_\_\_\_ **Date Business Established:** \_\_\_\_\_

\_\_\_\_\_ **ASI #**

\_\_\_\_\_ **PPAC #**

**Ship Address:** \_\_\_\_\_ **E-Mail Address #** \_\_\_\_\_

\_\_\_\_\_

**Officers of the Company:** President: \_\_\_\_\_

Purchasing Agent: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_

**Telephone No.** \_\_\_\_\_ **P.S.T. #** \_\_\_\_\_

**Fax No.** \_\_\_\_\_ **G.S.T. #** \_\_\_\_\_

	COMPLETE NAME & ADDRESS(incl. postal code)	PHONE NO.
Credit References	<b>1)</b>	
	Contact:	
	<b>2)</b>	
	Contact:	
	<b>3)</b>	
Contact:		
<b>4)</b>		
Contact:		
<b>5)</b>		
Contact:		

**Bank Name:** \_\_\_\_\_

**Reference:** Address: \_\_\_\_\_

Tel. No. # \_\_\_\_\_ **Manager:** \_\_\_\_\_

Signature of \_\_\_\_\_

Authorized Officer: \_\_\_\_\_

Signature                      Print Name

**Please complete all sections. Incomplete applications will NOT be processed.**

PST EXEMPTION CERTIFICATE **MUST ACCOMPANY THIS FORM (IF APPLICABLE)**

