



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

Salesperson: \_\_\_\_\_

**CONCORD BRANCH**   
25 North Rivermede Rd. #8-10  
Concord, Ontario L4K 5V4  
Tel: 905.761.7762  
Fax: 905.761.7755

**CAMBRIDGE BRANCH**   
75 Saltsman Drive # 6 & 7  
Cambridge, Ontario N3H 4R7  
Tel: 519.650.9797  
Fax: 519.650.9793

**MISSISSAUGA BRANCH**   
1296 Eglinton Ave. East  
Mississauga, ON L4W 1K8  
Tel: 905.282.0370  
Fax: 905.282.9212

**WINDSOR BRANCH**   
3200 Jefferson Blvd. # 200  
Windsor, Ontario N8T 2W8  
Tel: 519.974. 9797  
Fax: 519.974. 4333

**CREDIT APPLICATION**

*(Please print or type)*  
"CONFIDENTIAL"

Please return to:  
[msmith@aztecsupply.com](mailto:msmith@aztecsupply.com) or  
905-761-0406

**Legal Name:** \_\_\_\_\_

**Trade Name:** \_\_\_\_\_  
*(If different from Legal name)*

**Mailing address:** \_\_\_\_\_  
*(Street or Postal Box)*

\_\_\_\_\_  
*(City/Town) (Province) (Postal Code)*

**Telephone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
*(Including area code) (Including area code)*

**Type of Industry:** \_\_\_\_\_ **No of yrs in business:** \_\_\_\_\_

**Provincial sales tax number(s):** \_\_\_\_\_  
*(Please provide a copy if ONTARIO and/or BC)*

**Principal(s): Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**Name** \_\_\_\_\_ **Position** \_\_\_\_\_

**Name of contact for payment** \_\_\_\_\_ **Telephone** \_\_\_\_\_

**IMPORTANT** - Estimated Credit line required: \_\_\_\_\_

**CREDIT REFERENCES:** 1) Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

2) Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

3) Name of Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone# \_\_\_\_\_ Fax# \_\_\_\_\_

**BANK:** Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
*(Street or Postal Box) (City/Town) (Province) (Postal Code)*

**Account#** \_\_\_\_\_ **Transit#** \_\_\_\_\_

**Contact:** \_\_\_\_\_ **Telephone#** \_\_\_\_\_ **Fax#** \_\_\_\_\_

**Financial Statements are required for all credit limits of 50K or greater**

Attached  Not Available

*Term: Net 30 days. Interest will apply at 2.0% per month or 24% per annum on overdue accounts.  
The undersigned certifies the above information to be true and affirms that any credit given to him/her is extended upon the basis of such information. First orders will be Cash On Delivery or Visa until credit has been approved (if applicable).*

*The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations.*

*The undersigned further acknowledges that he/she has been informed of Your Company name prevailing terms for repayment of any overdue balances.*

**Print Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_