



Credit Application Form

BUSINESS CONTACT INFORMATION			
Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, State ZIP Code			

BUSINESS AND CREDIT INFORMATION			
City, State ZIP Code		Bank name:	
How long at current address?		Primary business address City, State ZIP Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES			
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	
Company name		Phone	
Address		Fax	
City, State ZIP Code		E-mail	

AGREEMENT (PLEASE READ BEFORE SIGNING)

- All invoices are to be paid in **30 days** from the date of the invoice.
- Interest will be charged at a rate of 2% per month on the unpaid balance (24% per annum)
- Claims arising from invoices must be made within seven working days.
- By submitting this application, you authorize **Elite Industrial Supply Corp.** to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES			
Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Please email signed Credit Application Form to: sales@elitesupply.ca