



Application for
Credit Account

Application for Credit Account

COMPANY NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

TEL []

FAX []

E-MAIL

ACCOUNTS PAYABLE CONTACT

AMOUNT OF CREDIT REQUESTED

NATURE OF BUSINESS

YEARS IN BUSINESS

Billing Address if Different From Above

ADDRESS

CITY

POSTAL CODE

Bank

BANK NAME

BRANCH

ACCOUNT #

BANK CONTACT

ADDRESS

TEL []

FAX []

Suppliers

NAME

TEL []

FAX []

ADDRESS

CITY

POSTAL CODE

NAME

TEL []

FAX []

ADDRESS

CITY

POSTAL CODE

By signing below the business/firm agrees to the following conditions: A) Consent to Premex obtaining credit information from your bank pertaining to your account opening. B) Payment due in full 15 days from the invoice date. Return by fax at 514.344.8188 / 1.888.299.8188

SIGNATURE

NAME

TITLE

DATE