



432 HIGHLAND RD. E.
 STONEY CREEK ON L8J 3G4
 P: (905) 662-8396
 F: (905) 662-8857

FOR OFFICE USE ONLY

Credit Limit:
 Credit terms:
 Customer code:

Credit Application Form

Note: All new account will be on C.O.D. basis until application approval. Please complete the following credit application, signed and return.

Full Registered Name _____ **Phone Number:** _____
(Company Number): _____ **Fax Number:** _____
Trade name: _____
Provincial Tax Number: _____
Address: _____
City: _____ **Province:** _____ **Postal Code:** _____
Delivery /Mailing Address: _____
Type of Business: _____ **How long owned or leased:** _____

Owners/ Principal/ Partners:

Name	Title	Address
1		
2		
3		

Subsidiary of: Company Names:

Premises		Equipment	
Owned	Leased	Owned	Leased

Name & address of mortgage holder or leasee: _____

Billing instructions and/or accounts payable: Contact: _____

Bank and/or financial institutions where main financing is handled:

Bank name: _____
Account number: _____
Address: _____
City: _____ **Postal code:** _____
Contact Person: _____ **Phone Number:** _____

Trade references (preferably food service industry & meat companies)

Company name	Contact Person	Phone Number
1		
2		
3		

Estimated weekly credit requirements (\$): _____

I hereby Authorize Highland Packers Limited to run a Bank and Trade Reference check and verify my credit information.

Signature: _____ **Date:** _____