

## CREDIT APPLICATION

(NOTE: Credit does not extend to import duties, all customs and duty charges are due immediately)

All fields on this credit application must be completed, in its entirety, as required information to determine credit worthiness. Any missing information may result in credit denial.

APPLICANT		
Full name of Applicant		
Registered trading name(s)		
Business Number:		
Trading Address	City/Province/Territory	Post Code
Postal Address	City/ Province/Territory	Post Code
Phone Number	Fax	Web Address
BUSINESS FACTS		
( Please mark X) <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other:		
Date of Incorporation:		
Type of Business:	Authorised Capital:	Paid up Capital:
BANKING		
Name of Primary Trading Bank	Branch	
Account Name	Account Number	
Account Officer	Telephone	
Preferred payment method? <input type="checkbox"/> Electronic Funds Transfer <input type="checkbox"/> Cheque		
DIRECTORS / PARTNERS / PROPRIETORS		
Full Name	Position	Phone
1.		
2.		
3.		

**Amount of credit requested – compulsory field \*\*\* \$**

TRADE REFERENCES				
(Major Canadian suppliers please within the last 12 months)				
	Name/ Account #	Address	Phone Number	Fax Number
1.				
2.				
3.				

CONTACT DETAILS		
	Chief Financial Officer	Accounts Payable
Name:		
Phone number:		
Fax Number:		
Email Address:		

DECLARATION	
It is agreed that:	
<ul style="list-style-type: none"> <li>All information is accurate and true.</li> <li><b>Custom and Duty charges are always payable immediately.</b></li> <li>I/We have read and will comply with the CIFFA Terms and Conditions which forms part of this document.</li> <li>I/We give consent to confirm and exchange credit information relating to this application from any source and acknowledge that the supplier may apply to a Credit Reporting Agency and such references supplied and authorised to give information necessary in assessing the application.</li> <li>Please note your facsimile signature will be treated as if original.</li> </ul>	
Print Name	
Position	
Signature (AN UNSIGNED APPLICATION CANNOT BE PROCESSED)	
Date	
Company Name	

**Your Main Contact (please enter Gebrüder Weiss Sales contact)** \_\_\_\_\_

Once this form has been completed, please return to your sales representative or: Via fax to: 905-804-8700  
Via email to: meenu.bassi@gw-world.com

For Internal Use Only

Date sent to Finance \_\_\_\_\_

Credit Limit Approved \_\_\_\_\_

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