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BUSINESS CREDIT APPLICATION

COMPANY INFORMATION

Corporation
 Partnership
 Sole Proprietorship

Full Company Name:		
Address:	City:	Postal Code:
Phone Number:	Fax Number:	
Website Address:	E-Mail Address:	
HST#:	Type of Business:	
How long in business: <small>Please indicate years or months</small>	Accounts Payable Contact:	
Head Office Address: (if different from above)		

Officers/Directors
 Partners
 Owners

1	Name:		
	Address (for Owner only):		Res. Phone:
2	Name:		
	Address (for Owner only):		Res. Phone:

BANK INFORMATION

Name & Address of Bank:		
Account #:	How long at this branch:	
Contact Name:	Phone #:	Fax #:

CANADIAN REFERENCES

1	Company Name:	Phone:
	Contact Name:	Fax:
2	Company Name:	Phone:
	Contact Name:	Fax:
3	Company Name:	Phone:
	Contact Name:	Fax:

Authorizing Signature of Applicant: X _____	Date:
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OFFICE USE ONLY		Account Code:
Date Opened:	Salesman:	
Credit Limit:	Terms: Net 30	
Authorization:	Driver Route #:	