



325 Healey Road, Unit 1, Bolton, ON L7E 5C1 Canada
Toll Free (800) 757-4445 • Phone (905) 951-2788 • Fax (905) 951-6256

CREDIT APPLICATION

COMPANY NAME: _____

TRADING AS: _____ Years in business _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Fax: _____

PRINCIPALS: Proprietorship Partnership Corporation (Please check one)

Name: _____ Home Address: _____

Title: _____ Home Phone: _____

Name: _____ Home Address: _____

Title: _____ Home Phone: _____

Accounts Payable Contact: _____

BANK REFERENCE:

Bank: _____ Tel: _____ Contact: _____

If claiming Retail Sales Tax Exemption, please complete applicable form and include with application

CREDIT REFERENCES: (please do not list utilities or credit cards)

Name: _____ Address: _____ Tel.# _____ Fax Number _____

Notice to Customer:

Un consideration of MAP Canada Ltd. accepting this application, I / we agree as follows with respect to all purchases charged to my MAP Canada Ltd. account:

1. To pay for all invoices within net 30 days.
2. MAP Canada Ltd. may cancel this charge account at any time without notice.
3. Person signing application must be Authorized Principal of your company and will accept personal responsibility for payment of goods purchased.
4. I / we certify the information given in the above to be true and authorize MAP Canada Ltd. to obtain credit information.

Signature of Principal

Date

Print name and Title