



2537 Wharton Glen Avenue, Mississauga, Ontario, L4X 2A8
Phone: (905) 277-9925 | Fax: (905) 277-9934 | www.combifab.com

CREDIT APPLICATION

CLIENT DATA

Legal Corporate Name:

Trade Name:

Address:

City:

State/Prov.:

Zip/Postal Code:

Tel:

Fax:

Website:

E-mail:

Principal Contact:

Title:

Date Established:

Head Office

Branch

Subsidiary

Sole Location

If Branch or Subsidiary, please provide:

Name of Parent Co.:

Tel:

Fax:

Parent Co./ Head Office:

City:

State/Prov.:

Zip/Postal Code:

BANK DATA

Bank:

Since:

Address:

City:

State/Prov.:

Zip/Postal Code:

Type of Account:

Account No.:

Account Manager:

Tel:

Fax:



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CREDIT APPLICATION

TRADE REFERENCES

1. Name:

Address:

City:

State/Prov.:

Zip/Postal Code:

Contact:

Tel:

Fax:

2. Name:

Address:

City:

State/Prov.:

Zip/Postal Code:

Contact:

Tel:

Fax:

3. Name:

Address:

City:

State/Prov.:

Zip/Postal Code:

Contact:

Tel:

Fax:

LIMIT REQUESTED:

We acknowledge that a credit investigation will be conducted based on the information above and we authorize you to contact those references to obtain the information required.

Signed on this

day of

20

Authorized Signature:

OFFICE USE ONLY

Approval Date:

Approved Limit: