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Credit Application

Thank you for your interest in our products and services. If you will supply the information requested below, it will assist us in establishing your account.

Company Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Contact: _____ Sales: _____ Telephone: _____

Accounts Payable: _____ Telephone: _____

Bank Reference: _____ Account Number: _____

Bank Address: _____ Telephone: _____

Contact: _____ Title: _____

Invoices to be Mailed?: Yes No Send Invoice Attention: _____

Type of Business – Corporation Sole Proprietorship Partnership Date Established _____

President: _____ Treasurer: _____

P.O. to be Issued with Each Order: Yes No

List persons authorized to buy on signature: 1) _____

2) _____ 3) _____

PST: _____ On file: Y N GST: _____ On file: Y N

Annual Projected Volume: _____ Credit Limit Requested: _____

TRADE REFERENCES:

COMPANY

CONTACT

ADDRESS

TELEPHONE

DATE: _____ SIGNATURE: _____ TITLE: _____