



MANUFACTURE & DISTRIBUTION

Fax: 506.473.6992
email: info@rdeinc.ca

CREDIT APPLICATION FORM

Date: _____ (yyyy/mm/dd)

Company name: _____

Shipping address: _____

Mailing address: _____

City: _____ Province / State: _____

Postal code / Zip code: _____ Email: _____

Telephone: _____ Fax: _____

Owner's name: _____ Company in business since: _____

Legal status: Corporation Partnership Proprietorship

Responsible of accounts payable: _____

Resale tax I.D. Number: _____ GST number: _____

Bank's name: _____ Account number: _____

Contact: _____

Telephone: _____ Fax: _____

CREDIT REFERENCES

Name: _____

Address: _____

Telephone: _____ Fax: _____

Name: _____

Address: _____

Telephone: _____ Fax: _____

Name: _____

Address: _____

Telephone: _____ Fax: _____

** The above credit references and bank manager will be contacted for further information.*