

BUSINESS INFORMATION FORM

COMPANY: _____ DATE: _____
ADDRESS: _____
CITY: _____ PROV/STATE: _____ POST/ZIP CODE: _____
MAIN PHONE: _____ MAIN FAX: _____
WEBSITE: _____ EMAIL: _____
CONTACT: _____ ext.# _____ TITLE: _____
ESTABLISHED SINCE: _____ BUSINESS LICENCE# _____
GST/HST# _____

PST# _____

TYPE OF BUSINESS (check one): sole owner partnership corporation

Brief description of nature of business: _____

Partners or Corporate Officers (Name, Title, Phone):

1. _____
2. _____
3. _____

◆-----◆
Complete this section only if you wish to apply for credit terms in the future:

Business Reference:

1. Company: _____
Main Phone#: _____ Main Fax#: _____
Contact Person: _____ ext#: _____ Title: _____
2. Company: _____
Main Phone#: _____ Main Fax#: _____
Contact Person: _____ ext#: _____ Title: _____
3. Company: _____
Main Phone#: _____ Main Fax#: _____
Contact Person: _____ ext#: _____ Title: _____

Bank Reference:

Bank Name: _____ Branch: _____
Main Phone#: _____ Main Fax#: _____
Account Manager: _____ ext#: _____ Title: _____

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- I certify that all the information provided on this form is true and correct.
- All information is confidential and will not be distributed.

Authorized Signature: _____

Name (printed): _____ Title: _____ Date: _____



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