



23 French Drive
Orangeville, ON L9W 2Z2
Phone: 519-943-0800
Fax: 519-943-0801
Email: info@atpstuds.com

The undersigned company is applying for credit with and agrees to abide by our standard terms and conditions.

Company Name

Contact Person

Address

Phone

Fax

E-mail

GST Number

Date business established

Amount of credit requested \$

Are you a:

- CORPORATION**
 PARTNERSHIP/SOLE PROPRIETORSHIP

Names and titles of your three chief corporate officers

Are you PST exempt? **Yes** **No** **Certificate Number (attach copy)** _____

TRADE REFERENCES

Reference #1

Name

Address

Phone

Reference #2

Name

Address

Phone

Reference #3

Name

Address

Phone

BANK REFERENCES

Bank

Account #

Phone

Contact person

Name of bank

Address

I represent that the above information is true and is given to extend credit to the applicant. My company and I authorize to make such credit investigation as sees fit, including contacting the above trade references and banks and obtaining credit reports. My company and I authorize all trade references, banks, and credit reporting agencies to disclose to any and all information concerning the financial and credit history of my company and myself. I have read the terms and conditions stated below and agree to all of these terms and conditions.

Authorized signature:

Printed Name: