

DURAMILL

INDUSTRIAL SUPPLIES INC.

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www.duramill.ca - sales@duramill.ca

APPLICATION FOR CREDIT

LEGAL COMPANY NAME: _____

O/A COMPANY NAME: _____

ADDRESS: _____

CITY & PROVINCE: _____ POSTAL CODE: _____

TELEPHONE: (_____) _____ FAX: (_____) _____

CONTACT NAME: _____

AMOUNT OF CREDIT: _____

NATURE OF BUSINESS: _____

NAME OF COMPANY PRINCIPAL(S): _____

ADDRESS: _____

NUMBER OF YEARS PRESENT FIRM IN BUSINESS: _____

ACCOUNTS PAYABLE CONTACT: _____

DO YOU WISH TO RECEIVE YOUR INVOICES WITH THE SHIPMENT : ___ OR EMAILED : ___

INVOICE EMAIL ADDRESS : _____

REFERENCES

BANK : NAME: _____

ADDRESS: _____

TELEPHONE: (_____) _____ FAX: (_____) _____

PLEASE LIST AT LEAST THREE COMPANIES YOU PRESENTLY DEAL WITH OR HAVE ESTABLISHED CREDIT (NO COMPETITORS PLEASE)

NAME: _____

ADDRESS: _____

TELEPHONE: (_____) _____ FAX: (_____) _____

NAME: _____

ADDRESS: _____

TELEPHONE: (_____) _____ FAX: (_____) _____

NAME: _____

ADDRESS: _____

TELEPHONE: (_____) _____ FAX: (_____) _____