



CREDIT APPLICATION

BILLING/SHIPPING INFORMATION

Official Company Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____ A/P E-mail _____

BUSINESS INFORMATION

Check One: () Corporation () Partnership () Proprietorship () Subsidiary of or () Division of _____

Year Established: _____ Type of Business: _____ Amount of Credit Applying for \$ _____

D&B #: _____ G.S.T. No. _____ P.S.T. No. _____

President/CEO: _____ Treasurer/Controller: _____

VP/Finance: _____ A/P Manager: _____

BANK INFORMATION

Bank: _____ Account Number: _____

Account Manager Name: _____ Phone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

TRADE REFERENCES (PLEASE INCLUDE ONE (1) FASTENER COMPANY (IF POSSIBLE))

Reference 1: _____ Contact: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Reference 2: _____ Contact: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Reference 3: _____ Contact: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

Reference 4: _____ Contact: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

INITIAL CONDITIONS

1. All first orders are to be COD only (cash, VISA/Mastercard or certified cheque).
2. All special order/s require/s a 50% deposit upfront, balance payable within term.
3. By submitting this application, you authorize Cook Fasteners Inc. to make inquiries into the banking and business/trade references that you have supplied.

Authorized Signature: _____ Title: _____ Date: _____

Authorized Signature: _____ Title: _____ Date: _____