



432 HIGHLAND RD. E.  
 STONEY CREEK ON L8J 3G4  
 P: (905) 662-8396  
 F: (905) 662-8857

**FOR OFFICE USE ONLY**  
 Credit Limit:  
 Credit terms:  
 Customer code:

## Credit Application Form

Note: All new account will be on C.O.D. basis until application approval. Please complete the following credit application, signed and return.

**Full Registered Name** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**(Company Number):** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_  
**Trade name:** \_\_\_\_\_  
**Provincial Tax Number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_  
**Delivery /Mailing Address:** \_\_\_\_\_  
**Type of Business:** \_\_\_\_\_ **How long owned or leased:** \_\_\_\_\_

**Owners/ Principal/ Partners:**

Name	Title	Address
1		
2		
3		

**Subsidiary of: Company Names:**

Premises		Equipment	
Owned	Leased	Owned	Leased

**Name & address of mortgage holder or leasee:** \_\_\_\_\_

**Billing instructions and/or accounts payable: Contact:** \_\_\_\_\_

**Bank and/or financial institutions where main financing is handled:**

**Bank name:** \_\_\_\_\_  
**Account number:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_  
**Contact Person:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Trade references (preferably food service industry & meat companies)**

Company name	Contact Person	Phone Number
1		
2		
3		

**Estimated weekly credit requirements (\$):** \_\_\_\_\_

I hereby Authorize Highland Packers Limited to run a Bank and Trade Reference check and verify my credit information.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_