



REDFAS INDUSTRIES INC.

6 Holtby Avenue

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CREDIT APPLICATION

To insure prompt handling of your application please provide all information requested below.

Date: _____ 20____

Business Name _____

Mailing Address _____ City _____

Province/State _____ Postal/Zip Code _____

Tel: _____ Fax: _____ Email: _____

Delivery Address _____ City _____

Province/State _____ Postal/Zip Code _____

Description of Business _____

Number of Employees _____

Tax Status: **Please attach copy of certificate.**

PST / Sales Tax Certificate # _____ GST # _____

Custom's Broker # _____ Federal Tax ID # _____

Business Structure:

- Corporation Partnership Limited Partnership Proprietorship

Name of corporation if different from Business name: _____

Company Principals:

Name	Title	Address	Phone

Date Present Owners Began Operation of Business: _____

Bank References:

Bank Name	Branch Address	Contact	Account #	Type of Account	Phone

Business References with established credit accounts (3 required):

Company Name	Contact	Address	City – Prov. / State	Phone

Credit Limit Requested: _____

Purchase Order-Required: Yes No

Purchasing Contact: _____

Accounts Payable Contact: _____

Terms of Sale: Net 30 days from date of invoice. Interest will be charged on overdue accounts at the rate of 2% per month on all amounts in arrears.

We hereby certify that all the information on this form is correct. We authorize the bank and trade references listed in this credit application to release the information necessary to assist Redfas Industries Inc. in establishing a line of credit. We fully understand your credit terms and agree to the proper payment in consideration of extending credit.

Name

Signature

Title

Date

Initial Order will not be processed unless accompanied by the above requested information