

PINEVALLEY WHOLESALE LTD.

1310 Kerrisdale Blvd., Unit 3, NEWMARKET, Ontario L3Y 8V6

TEL: (905) 898-8699 FAX: (905) 836-1468

Email: info@pinevalleywholesale.com Website: www.pinevalleywholesale.com

CREDIT APPLICATION

COMPANY NAME: _____

Full Address: _____

Postal or Zip Code: _____

Personal Name: _____ Home Phone: () _____

Bus. Phone: () _____ Date Business Started: _____

Bus. Fax: () _____ Type of Business: _____

Vendor Permit/Tax #: _____ Acct. Payable Contact: _____

Company Owner(s) _____

BANK: _____

Full Address: _____

Postal or Zip Code: _____

Phone () _____ Fax: () _____

TRADE REFERENCES:

1. COMPANY NAME: _____

Address: _____

Phone: () _____ Fax: () _____ Acct. #: _____

2. COMPANY NAME: _____

Address: _____

Phone: () _____ Fax: () _____ Acct. #: _____

3. COMPANY NAME: _____

Address: _____

Phone: () _____ Fax: () _____ Acct. #: _____

****A Personal Report May Be Required****

In consideration of the granting of credit to the applicant which will be for my/our personal benefit, I/We personally hereby guarantee full payment of all Corporate/Company liabilities to **PINEVALLEY WHOLESALE LTD.** All goods remain the property of the seller until such time as payment has been made in full. Please sign and date below.

SIGNATURE: _____

DATE: _____