



COMPANY INFORMATION

Business Name: _____ Phone Number: _____

Mailing Address: _____

Prov/State: _____ Postal/ZIP: _____ Country: _____

Shipping Address: (if not the same as mailing) _____

Prov/State: _____ Postal/ZIP: _____ Country: _____

APPLICANT INFORMATION

Applicant's Full Name: _____

Accounts Payable Contact: _____ A/P Email: _____

Accounts Payable Phone: _____ Emailed Invoices: YES / NO

If Yes, Email for Invoices: _____

PRINCIPALS

Name: _____ Phone Number: _____

Address: _____

BANK REFERENCES

Financial Institution: _____

Address: _____

Account Manager: _____ Phone Number: _____

TAX INFORMATION

GST# _____ PST# _____ IRS# _____



TRADES REFERENCES

Company Name:
Contact:
Address:
Email:
Phone Number:

Company Name:
Contact:
Address:
Email:
Phone Number:

Company Name:
Contact:
Address:
Email:
Phone Number:

CREDIT REQUEST

Amount of Credit Requested: _____ **Purchase Orders Required?** YES / NO

All invoices are to be paid 30 days from date of invoice. By signing and submitting this application you authorize Pro Mac Equipment Ltd. to make inquiries into the banking and business/trade references that you have supplied. Exemption of any GST or Provincial sales taxes will only be granted based on providing appropriate tax exemption certificates or authorizations.

Signature of Signing Officer _____ Date _____

Pro Mac Equipment Ltd. – Accounting Dept. Use Only

Credit Request Approved: _____ Date: _____ Limit: _____

Comments: _____

