



CREDIT APPLICATION

PART 1 - IDENTIFICATION (fields marked with * are required)

*Applicant Company:

*Ship to Address:

Mail to Address:

*City *PROV.: *POSTAL code:

*Tel *Fax: URL:

General eMail address:

GST #: *PST#: *FEDERAL TAX ID:

ASI #: PPAC #:

PART 2 - CONTACT:

Payables: ext: email:

CFO/Controller: ext: email:

PART 3 - FINANCIAL INSTITUTION:

Account #: Trans/Branch:

Tel.: ext: email:

Fax: Contact:

PART 4 - TRADE REFERENCES

1. Company: Account #:

Fax: Email: Contact:

2. Company: Account #:

Fax: Email: Contact:

3. Company: Account #:

Fax: Email: Contact:

PART 5 - AGREEMENT:

It is understood by signing below or by submitting electronically, that Expressions will conduct credit inquiries on behalf of the Applicant Company. We share credit history with suppliers when listed as a reference. Credit privileges are 2% 10 days, net 30 days.

NAME SIGNATURE DATE
 (printed) mm/dd/yy