



## CREDIT APPLICATION

3093 Bathurst St, Ste. #608  
Toronto, On M6A 0A3  
Tel: 416-901-9375 Fax: 647-497-5454  
www.spiderdisplay.com

Company Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

GST/HST Number: \_\_\_\_\_

Payable Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ FAX: \_\_\_\_\_

### Bank Reference

Account #: \_\_\_\_\_ Account#: \_\_\_\_\_

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Supplier References

1. Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_