

# Confidential Credit Application



In order to establish an account with our firm, the following information is required:

## Service Address

Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Contact Name \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

## Billing Address

 Same information as above 

Company \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_  
Contact Name \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Principal Shareholder \_\_\_\_\_ Parent Company (if any) \_\_\_\_\_  
Senior Officers: President \_\_\_\_\_ V.P. Finance \_\_\_\_\_  
Product or Service Provided \_\_\_\_\_ Type of Business \_\_\_\_\_  
Length of time company has been operating \_\_\_\_\_ Date of Incorporation \_\_\_\_\_  
No. of Employees \_\_\_\_\_ Dun and Bradstreet DUNS No. \_\_\_\_\_



## Bank Reference

Bank \_\_\_\_\_ Branch \_\_\_\_\_ Acct. No. \_\_\_\_\_  
Manager \_\_\_\_\_ Phone No. \_\_\_\_\_

### PHONE NUMBER

905 315 1557

### TOLL NUMBER

800 387 4283

### FAX NUMBER

905 315 9386

### ADDRESS

1425 Norjohn Court  
Unit 6  
Burlington, Ontario  
Canada L7L 0E6

### WEBSITE

gatewayfrt.com

### EMAIL

info@gatewayfrt.com

**Third Trade Reference (Major Suppliers)**

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

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Person to Contact \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Person to Contact \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

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

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Person to Contact \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_



**Terms**

1. All accounts are due within 10 days of invoice.
2. Accounts not paid within the due date shall be considered overdue and subject to a late payment of 1.5% per month (19.56% per annum).
3. I/we hereby grant you the right to make all inquiries necessary to establish my/our credit worthiness.

Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Title \_\_\_\_\_

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