

APPLICATION FOR GREDIT

Name of Company:				
Contact Person:				
Address: Street:				
Postal:				
Phone:	Cellphone:		Fax:	
	email address must be provide			
(Please Note : TWO	contact phone numbers re	equired to op	en an account)	
Minimum A	nnual Spend - Must be	\$2000.00 to	open an account	
Order Numbers Requ	rired: (Circle) Yes / N	No		
Nature of Business:				
Time in Business:				
Directors/Partners:				
Bank and Branch:				
Accountant:				
Name of Credit Contr	oller:			
Three Current Trade	Account References:	NOTE: CRT AND P	GG W DO NOT GIVE REFERENCES	
1)		Phone:		
2)		Phone:		
3)		Phone:		
may be held and used by approved); monitor my/or	y the Company to enable it t ur creditworthiness on an or	o: administer n ngoing basis; re	all material respects and that it ny/our account (if application is ecover any monies due to the ts right, powers and remedies.	
Signed:	Date:	OFFICE USE ONLY:		
Position:			Checked: Y N Passed: Y N Credit Limit: Sales Rep: New Code:	