



# CREDIT APPLICATION

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Buyer Name: \_\_\_\_\_ Accounting Name: \_\_\_\_\_

GST No.: \_\_\_\_\_ PST No.: \_\_\_\_\_

Manufacturer

Distributor

Service

Corporation

Partnership

Monthly credit requested: \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_

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

Bank Telephone No.: \_\_\_\_\_ Bank Contact Name: \_\_\_\_\_

### TRADE REFERENCES

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

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

Telephone No.: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_ Contact Name: \_\_\_\_\_

This request for credit is being made with the intention of opening a credit account with CASP Aerospace Inc. I declare that all pertinent information given is truthful and hereby authorize CASP Aerospace Inc. to run a credit check. Payment will be made within 30 days from receipt of invoices. All unpaid balances will carry interest charges of 2% per month.

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

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_