

## **Credit Application**

Legal Name:					
Trade Name:					
Mailing Addre	ss:		-		
City: Province: _		nce:	- Postal Co	de:	
Phone 1: Phone 2:		e 2:	Fax:		
RST#:	MCF does not	mail invoices, ensure to	provide an email addre		
	able Contact:				
Corporation Partners		tnership	Sole Propr	roprietorship	
Principal Owne	er (s):	-			
Nature of Busi	ness:				
Years in Business: Credit Limit Requested: <u>\$</u> Referred by:					
	ntact:				
	<u>mation</u>				
	Company 1	Company 2		Company 3	
Name					
Address					
Contact					
Phone					
Fax or Email					
Name of Bank		Branch.			
Name of Bank:Bank Contact:					
				ng from defective products,	
				ement only, of defective	
				agement of Mid-Canada	
• •	ools Ltd. Or its supplie				
OF		apply to you for cr	edit for the supply a	and services and materials for	
				y any of us. I/We further	
	•	• •		a SERVICE CHARGE OF 2%	
• • •				ı obtaining a Consumer	
	ning personal and/or			-	
Dated at	Th	is	Day of		
	tures:				