



745 Winston Blvd.  
Listowel, ON  
N4W 2P1  
Sales: (519) 292-9946  
Office: (519) 444-4446

## Credit Application

Business Name	
Billing Address	
City /Province	Postal Code
Telephone	Facsimile
Email	Website

Shipping Address (if different than above)	
City /Province	Postal Code
Telephone	Facsimile

Principal Name:		
Tel.:	Fax.:	Email:
Principal Name:		
Tel.:	Fax.:	Email:
Accounts Payable Contact:		
Tel.:	Fax.:	Email:
Preferred Method of Receiving Invoices and Statements: <input type="checkbox"/> Mail <input type="checkbox"/> Email		
Type of business:		
Number of years in business:	PST exemption:	

Financial Institute:	
Branch Address:	
Account Manager:	Account Number:
Telephone:	Facsimile:

Trade Reference Name	Contact	Telephone	Facsimile

Credit Limit Requested:	Expected Monthly Purchases:
-------------------------	-----------------------------

Preferred Shipping Carrier / Account Number:
Special Instructions:

We authorize the above listed financial and credit references to release information to HYDRAULIC PRODUCT EXPERTS CANADA for use in the evaluation of this Credit Application. Should an account be opened and activated, we agree to pay same within approved credit terms.

Authorized Signature	Print Name	Title	Date
----------------------	------------	-------	------