



CREDIT AMOUNT REQUESTED

[Empty box for credit amount requested]

# CREDIT APPLICATION

4-240 South Blair Street  
Whitby ON L1N 0G3 Canada  
1-888 283-7939

Please email completed form to [arcanada@pcnametag.ca](mailto:arcanada@pcnametag.ca)

## YOUR INFORMATION

Organization Name \_\_\_\_\_ Individual Responsible for Payment: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Billing Address  
\_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Accounts Payable Email  
Address \_\_\_\_\_

Date Business Established \_\_\_\_\_ Tax Exempt # \_\_\_\_\_ Dun & Bradstreet # \_\_\_\_\_

Type of Business:  Proprietorship  Partnership  Corporation  Other \_\_\_\_\_

Type of Payment Desired:  Credit Card  Check  EFT

## LIST 3 CREDIT REFERENCES - PLEASE GIVE COMPLETE INFORMATION

- 1) Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_
- 2) Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_
- 3) Name \_\_\_\_\_ Account # \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

NOTE: CREDIT TERMS ARE NET 15 DAYS.

Price subject to change without prior notice. All sales subject to credit approval. No returns accepted without prior approval. All returns must be shipped prepaid in original cartons. Credit will not be given for returns damaged due to improper packing.

The transportation company acknowledges receipt of shipment in good condition by signing a bill of lading. It is consignee's responsibility to make all damaged freight claims.

Unless otherwise indicated on customer's order, partial shipment will be made when necessary and balance of order will be back-ordered until available.

I certify that all information on this form is correct. We fully understand your credit terms and agree to pay according to terms in consideration of extended credit.

AUTHORIZED SIGNATURE \_\_\_\_\_ JOB TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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