A-LINE GREETING CARDS

CONFIDENTIAL CREDIT APPLICATION

TEL: 1-800-790-1280 **FAX:** 1-800-771-7633

YEARS IN BUSINESS: _____

TYPE OF BUSINESS: *Proprietorship* ☐ *Partnership* ☐ *Limited Company* ☐

LEGAL NAME OF BUSINESS: _____ ***GST/HST #:*** _____

BILL TO: _____

Address: _____

City: _____ Province: _____ Postal: _____ Tel: _____ Fax: _____

Email: _____ **Accounts Payable Contact:** _____

SHIP TO: (if different from above) _____

Address: _____

City: _____ Province: _____ Postal: _____ Tel: _____ Fax: _____

Email: _____

OWNER/PRINCIPAL INFORMATION

Name: _____ S.I.N.: _____ D.O.B.: ____/____/____ (dd mm yy)

Home Address: _____

City: _____ Province: _____ Postal: _____ Home Tel: _____

BANK INFORMATION

Bank: _____ Transit #: _____ Account #: _____

Address: _____

Tel: _____ Contact: _____

CREDIT REFERENCES: Only give references you have terms with. (no C.O.D. accounts)

	COMPANY	*CITY*	*PHONE #*	*FAX #*
1.				
2.				
3.				
4.				

FAST DELIVERY METHOD: Until my credit has been approved I would like to use credit card for fast delivery.

☐ Bill my **FIRST** order to my credit card ☐ Bill **ALL** my orders to my credit card

CONSENT

I hereby make application for credit and authorize A-Line Atlantic to investigate my credit background. I fully understand that personal information disclosed by me may be used to obtain credit reports.

Signature: **X** _____ Date: _____

REVISED MAY 2008