



Confidential Credit Application & Agreement

Please fax back to:
(416) 667-5870

For prompt processing please ensure that all is completed. Including the signature of a signing officer

IF YOU'RE A LIMITED COMPANY OR CORPORATION:

Corporate Name: _____

Operating as: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

How Long in Business: _____ Associated Companies: _____

Premises: Rented Owned

Telephone: () _____ Fax: () _____

Tax Status: PST: _____ GST: _____

Do you issue a purchase order? Yes _____ No: _____
(Attach copy) (Attach copy)

IF YOU'RE A LIMITED COMPANY, LIST THE OFFICERS:

Principal's Name and Title _____ Home Address _____

1) _____

2) _____

3) _____

IF AN INDIVIDUAL OR PARTNERSHIP:

Full Name: _____ Date of Birth: _____

Home Address: _____ City: _____ Postal Code: _____

Home Telephone: _____ Social Insurance #: _____

How Long in Business: _____ Associated Companies: _____
(optional)

Drivers Licence #: _____ Previous Cat Finance Customer: Yes No

Premises: Rented Owned

REFERENCES:

Your Bank: _____ Account No.: _____ Contact: _____

Address: _____ Telephone: _____

MAJOR SUPPLIERS: Name: _____ City _____ Telephone _____

1) _____ () _____

2) _____ () _____

3) _____ () _____

Contact Person Re: Accounts Payable Matters: _____

Bonding or Insurance Company: _____

Agent's Name: _____ Telephone (): _____

INDUSTRY CLASS

- Construction Transportation Farming Mining Logging
- Manufacturing Other (please specify) _____

