



16139-114 Ave  
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## Credit Application

| Company Information   |        |                             |   |        |              |
|---|--------|-----------------------------|---|--------|--------------|
| Customer's Legal Name:  |        |                             | Phone:                                    |        |              |
| Trade Name (doing business as):   |        |                             | Fax:                                      |        |              |
| Street Address:   |        |                             | Email:                                    |        |              |
| City:   | Prov.: | Postal Code:                | PST No. (Exemption Certificate Required): |        |              |
| Shipping Address:   |        |                             | GST / HST No.:                            |        |              |
| City:   | Prov.: | Postal Code:                | <b>Credit Limit Requested:</b>            |        |              |
| Date Business Started:  |        | Date Business Incorporated: |   |        |              |
| <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Subsidiary of _____ |        |                             |   |        |              |
| Account Payables Contact:   |        |                             | Email for Invoices & Statements:          |        |              |
| A/P Phone & Email: Ph:                      E:  |        |                             |   |        |              |
| Principal Officer (1) Name & Title:   |        |                             | Principal Officer (2) Name & Title:       |        |              |
| Home Address:   |        |                             | Home Address:                             |        |              |
| City:   | Prov.: | Postal Code:                | City:                                     | Prov.: | Postal Code: |
| Home Phone:   |        |                             | Home Phone:                               |        |              |
| Financial Information   |        |                             |   |        |              |
| Bank Name:  |        |                             | Contact Person:                           |        |              |
| Street Address:   |        |                             | Phone:                                    |        |              |
| City:   | Prov.: | Postal Code:                | Account #:                                |        |              |
| Trade References  |        |                             |   |        |              |
| 1. Supplier Name:   |        |                             | 2. Supplier Name:                         |        |              |
| Address:  |        |                             | Address:                                  |        |              |
| City:   | Prov.: | PC:                         | City:                                     | Prov.: | PC:          |
| Phone:  | Fax:   | Contact:                    | Phone:                                    | Fax:   | Contact:     |
| 3. Supplier Name:   |        |                             | 4. Supplier Name:                         |        |              |
| Address:  |        |                             | Address:                                  |        |              |
| City:   | Prov.: | PC:                         | City:                                     | Prov.: | PC:          |
| Phone:  | Fax:   | Contact:                    | Phone:                                    | Fax:   | Contact:     |

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

When completed please save and click here to email this document to [accounting@anywaydistribution.com](mailto:accounting@anywaydistribution.com)