

**GLOBALTROXLER
CREDIT APPLICATION**

Company Name: _____

Billing Address: _____

Phone: _____ Fax: _____ Email: _____

Accounts Payable Contact: _____ Purchase Order Required? _____

GST #: _____ Year Business Established: _____

Are You Tax Exempt? _____ If Yes, Exemption # _____ What Province? _____

Affiliate Companies: _____ Branch Offices: _____

Type of Ownership: _____ Corporation _____ Partnership _____ Sole Partnership _____ Other _____

FINANCIAL INFORMATION

Trade References: (Must include fax numbers)

Name: _____ Phone: _____ Fax: _____

Address: _____

Name: _____ Phone: _____ Fax: _____

Address: _____

Name: _____ Phone: _____ Fax: _____

Address: _____

Name: _____ Phone: _____ Fax: _____

Address: _____

I (WE) HEREBY AUTHORIZE THE RELEASE OF INFORMATION PERTAINING TO THE ABOVE REFERENCES

(Name) (Title) (Date)

(TROXLER/GLOBAL USE ONLY)

CREDIT AMOUNT _____ APPROVAL _____ DATE _____

