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APPLICATION FOR CREDIT

COMPANY NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

TYPE OF BUSINESS: _____

OWNERS: _____

YEAR ESTABLISHED: _____ PST/Fed ID #: _____

BANK REFERENCE: _____

BRANCH ADDRESS: _____

BRANCH TEL: _____ CREDIT AMOUNT REQUESTED: _____

PERSON TO CONTACT ABOUT ACCOUNT: _____

Please supply at least three trade references:

NAME	ADDRESS	TEL #	FAX #

I hereby authorize Decal Craft to obtain any and all information necessary to process this application for credit. If credit is approved, the customer agrees to comply with the company's terms of sale, in consideration of credit granted.

SIGNATURE: _____ TITLE: _____ DATE: _____