



# Business Credit Application

PO Box 1115  
St. George, Ontario, Canada N0E 1N0  
Tel: 519.448.0121

T: (519) 448-0121  
E: bchi@battlecreekhardware.com

<b>Bill To:</b>	<b>Ship To:</b>
Company Name: _____	Property Name: _____
Street Address: _____	Street Address: _____
City/State: _____	City/State: _____
Postal Code/Zip: _____	Postal Code/Zip: _____
Telephone #: _____	Telephone#: _____
Email: _____	Email: _____
Contact Name: _____	Contact Name: _____
A/P Name: _____	A/P Email: _____

### Legal Form of Business:

- Corporation
  Limited Partnership
  Limited Liability Co.
  Sole Proprietor

### Key Company Personnel (Owners):

- Name: \_\_\_\_\_ Tel.: \_\_\_\_\_
- Name: \_\_\_\_\_ Tel.: \_\_\_\_\_
- Name: \_\_\_\_\_ Tel.: \_\_\_\_\_

Federal ID#: \_\_\_\_\_ Sales tax exemption certificate#: \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_

<b>Bank Reference</b> Institution Name: _____ Checking Account#: _____ Loan Account#: _____ Street Address: _____ City/State: _____ Postal Code/Zip: _____ Telephone #: _____ Contact Name: _____	<b>Trade Reference</b> Company Name: _____ Account#: _____ Account Opened: _____ Street Address: _____ City/State: _____ Postal Code/Zip: _____ Telephone #: _____ Contact Name: _____
<b>Trade Reference</b> Company Name: _____ Account#: _____ Account Opened: _____ Street Address: _____ City/State: _____ Postal Code/Zip: _____ Telephone #: _____ Contact Name: _____	<b>Trade Reference</b> Company Name: _____ Account#: _____ Account Opened: _____ Street Address: _____ City/State: _____ Postal Code/Zip: _____ Telephone #: _____ Contact Name: _____

I hereby certify that the information contained herein is complete and accurate. This is our authorization to Battle Creek Hardware Inc. and their reporting agency to obtain credit information with the financial institution and trade references listed on this credit application. I intend to pay promptly in accordance with the payment terms indicated on Battle Creek Hardware invoices. Should those terms include a service charge for late payment or collection and attorney's fees in the event of legal action, I agree to pay such charges.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please return completed form to bchi@battlecreekhardware.com