



• *Head Office* •  
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## CONFIDENTIAL CREDIT APPLICATION

**PLEASE PRINT**

***Fax to 519-681-3123 (Accounts Receivable)***

### General Information

Legal name of company: \_\_\_\_\_

Mailing address Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Business Location (*If not as above*)

Street: \_\_\_\_\_

City: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Length of time in business: \_\_\_\_\_ Business telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Officer of Company

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ S.I.N. \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Title: \_\_\_\_\_ S.I.N. \_\_\_\_\_ Phone: \_\_\_\_\_

### Trade References

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Other Information

Expected monthly purchases to be made from Facca Fasteners. \$ \_\_\_\_\_

The undersigned hereby:

1. Grants Facca Fasteners the permission to check my/our credit rating if necessary.
2. Agrees and acknowledges that the vendor shall retain title to all inventory supplied until all amounts owing in respect of such inventory are paid in full.

Name of applicant company: \_\_\_\_\_

Signature of authorized officer: \_\_\_\_\_

***Fax to 519-681-3123 (Accounts Receivable)***