Credit Information

Legal Name of Applicant: _____

Trade Name (if different than above): _____

Billing Address: _____

City: _____ State/Prov.: _____ Zip/Postal: _____

Telephone No: _____ Fax No: _____ Contact email: _____

Shipping Address: _____

Proprietorship ❑ Partnership ❑ Corporation ❑ Not-for-Profit ❑

Government (Federal/Provincial/State Agency) ❑ Other ❑ (please specify) _____

Federal Tax ID Number: _____

State Tax I.D. Number: _____

Sales tax exemption # (please provide copy of certificate if applicable): _____
If the Company is not a Corporation, attach a listing of Names of Owners, Partners or Officers.

Date of Incorporation: _____ Length of time in business: _____

Authorized Persons for Purchasing: _____

Do orders require a Purchase Order?: Yes ❑ No ❑

Name of Bank: _____ Contact: _____ Phone No.: _____

Estimated total $ purchases from Saf-T-Pak Inc. per month: _____

First 6 month period	Second 6 month period	Third 6 month period	Fourth 6 month period

Credit limit requested: $ _____

Credit References (Not required by Governmental Organizations)

Name	Address	Account Number	Phone/Fax

Please return completed form to:
Credit Manager, Saf-T-Pak Inc., 17854–106A Ave., Edmonton, AB, T5S 1V3
FAX (780) 486-0235

I hereby certify that the above information is correct and I authorize Saf T Pak Inc. and its affiliates to make such inquiries as are necessary to obtain credit information and authorize financial institutions, suppliers, and credit references to release information related to this application.

Signature Printed name Position/Title Date