



Credit Application Form

Please complete and fax to 905-264-1969

Please read the following before completing this form.

1. Applicant represents that the information given in this application is complete and accurate.
2. Lorpon Labels Inc. is authorized to check with credit reporting agencies, credit references, and other sources disclosed herein in investigating the information given.
3. Signatory for the company listed must be an officer of the company with authority to enter into contractual agreements.
4. First order is C.O.D.

Applicant Company's Full Legal Name: _____

Telephone No.: _____ Fax No.: _____

Billing Address: _____
Street City Province Postal Code

In Business Since: _____ Description of Business: _____

A/P Contact: _____ A/P Contact Email: _____

Bank Information:

Bank Name: _____ Tel. No.: _____

Bank Address: _____
Street City Province Postal Code

Bank Contact Name: _____ Account No.: _____

Trade References:

Company	Telephone No.	Fax No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

I, the undersigned, agree that this form is filled out to my best knowledge and that no false information has been given.

Signature

Print Name

Date