



A division of Holland Imports, Inc.

5499 192nd Street, Surrey, BC V3S 8E5

Tel: (236) 521-8969

Fax: (604) 299-1301 // 1 (800) 916-9386

CREDIT APPLICATION FORM

Sales Rep _____

Date (mm/dd/yyyy) _____

FOR OFFICE USE ONLY

Please submit completed form to ar@hollandimports.com or fax 1 (800) 916-9383

| ORGANIZATION TYPE | | | BUYING GROUP AFFILIATION | | |
|--|-----------|--------------|--------------------------|-------------------------|--------------|
| <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship | | | | | |
| LEGAL NAME | | | DOING BUSINESS AS (DBA) | | |
| | | | | | |
| BILLING ADDRESS | | | SHIPPING ADDRESS | | |
| Address: | | | Address: | | |
| City: | Province: | Postal Code: | City: | Province: | Postal Code: |
| CONTACT INFORMATION | | | | | |
| Name: | | Email: | | Tel: | |
| | | | | Fax: | |
| GST # | | PST # | | YEARS IN BUSINESS | |
| | | | | CREDIT AMOUNT REQUESTED | |
| | | | | | |

Please List the shareholders/partners in your company/partnership:

| | | | | |
|---|----------|-----------|--------------|--|
| 1 | Name: | | Email: | |
| | Address: | | | |
| | | | | |
| | City: | Province: | Postal Code: | |
| | Tel: | | Fax: | |
| 2 | Name: | | Email: | |
| | Address: | | | |
| | | | | |
| | City: | Province: | Postal Code: | |
| | Tel: | | Fax: | |

Bank Reference:

| | | | |
|------------|------------|------------------|------|
| Bank Name: | | Branch/Location: | Tel: |
| Address: | | | |
| Bank #: | Transit #: | Account #: | |

Trade References:

| | | | | | | | | |
|-----------|--------------------------------|--------------|---|--------------------------------|--------------|---|--------------------------------|--------------|
| 1 | Company Name: | | 2 | Company Name: | | 3 | Company Name: | |
| | Address: | | | Address: | | | Address: | |
| | | | | | | | | |
| | City: | | | City: | | | City: | |
| | Province: | Postal Code: | | Province: | Postal Code: | | Province: | Postal Code: |
| | Accounts Receivable (AR) Name: | | | Accounts Receivable (AR) Name: | | | Accounts Receivable (AR) Name: | |
| | AR Tel: | | | AR Tel: | | | AR Tel: | |
| AR Email: | | AR Email: | | AR Email: | | | | |

☐ I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the Term's & Conditions of Holland Imports Inc.

☐ I would like to receive electronic communication from Holland Imports Inc.

Signature _____ Date (mm/dd/yyyy) _____