



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:	Name:	Email:		
	Address:		Address:			
	City:	Province:	Postal Code:	City:	Province:	Postal Code:
	Tel:	Fax:		Tel:	Fax:	

Bank Reference:

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

Trade References:

1	Company Name:		Company Name:		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) _____