



CREDIT APPLICATION AND AGREEMENT
www.rsl.ca

Legal Name of Firm (in full)

Other Trade Name(s)

Business Address	Phone
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City	Province	Postal Code	Fax
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Cellular	E-mail	PST No.	GST No.
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Date Business Commenced	Date Business Incorporated	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Proprietorship
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Owners/Partners/Officers:

Name	Position	Home Address	Tel. No	S.I.N.

Amount of Credit Required for Monthly Purchases: \$ _____

Bank:

Bank Name	Location	Account No.	Contact	Phone No.
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Trade References:

Name	Address	Phone No.	Fax No.

Nature of Business	Type of Goods Required
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Please fax your completed credit application to:

Attention: Credit Department
Refrigerative Supply
fax # 604-435-3743