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CREDIT APPLICATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

POSTAL CODE: _____ **PHONE:** _____ **FAX:** _____

MAILING ADDRESS: _____

BUSINESS ESTABLISHED: _____

OWNERSHIP: SOLE OWNER _____ PARTNERSHIP _____ CORPORATION _____

NAME OF PRINCIPALS	TITLE	HOME ADDRESS/ PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TRADE REFERENCES

NAME OF SUPPLIER	ADDRESS	PHONE	FAX
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

BANK INFORMATION

NAME OF BANK	ADDRESS	PHONE/ CONTACT PERSON
1. _____	_____	_____

PROVINCIAL SALES TAX EXEMPTION NUMBER: _____

I AUTHORIZE TOTAL LAMINATING PRODUCTS TO OBTAIN AND/OR EXCHANGE PERSONAL INFORMATION WITH ANY PERSONAL INFORMATION AGENT TOWARDS ESTABLISHING OR VERIFYING MY FINANCIAL STANDIND.

BUSINESS NAME: _____
SIGNED BY: _____
TITLE: _____

FOR OFFICE USE ONLY:
APPROVED BY: _____
DATE: _____

TERMS: NET 30 DAYS. 2% INTEREST APPLIED TO UNPAID BALANCE AFTER 30 DAYS.