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CREDIT APPLICATION FORM

BUSINESS CONTACT INFORMATION

Company Name		Date Business Commenced	
Contact		<input type="checkbox"/> Sole Proprietorship	
Phone Fax		<input type="checkbox"/> Partnership	
Email		<input type="checkbox"/> Corporation	
Registered Company Address City, Province, Postal Code		<input type="checkbox"/> Other	

BANKING INFORMATION

Bank Name		Bank Location	
Account Manager Name		Primary Business Address City, Province, Postal Code	
Phone Fax		Date Account Opened	
Fax		Preferred Payment Type (Cheque, E-Transfer Direct Deposit)	
Email			

3 BUSINESS / TRADE REFERENCES

Company Name		Phone	
Address		Fax	
City, Province, Postal Code		Email	
		Other	
Company Name		Phone	
Address		Fax	
City, Province, Postal Code		Email	
		Other	
Company Name		Phone	
Address		Fax	
City, Province, Postal Code		Email	
		Other	

1. All Invoices are to be paid 30 days from the date of the invoice. 2. Claims arising from invoices must be made within 7 working days.

3. By submitting this application, you authorize Epic Industries Inc. to make inquiries into the banking and business / trade references that you have supplied.

AUTHORIZED SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	