



# Credit Application (Canada)

1-1675 Sismet Rd • Mississauga, ON L4W 4K8

Tel: (416) 534-1660 • Fax: (416) 534-3699

## NEW ACCOUNT INFORMATION

### GENERAL INFORMATION

**IMPORTANT: EVERY NEW ACCOUNT MUST HAVE THESE FORMS COMPLETED AND SIGNED**

Credit Application for: **NATIONAL BOOK NETWORK**

Name of Business: \_\_\_\_\_ Dun & Bradstreet Number: \_\_\_\_\_

DBA Name: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Shipping Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ A/P Manager: \_\_\_\_\_ A/P Manager's Number: \_\_\_\_\_

Check where applicable: \_\_\_\_\_ Federal CST Number: \_\_\_\_\_ -or- Social Security Number: \_\_\_\_\_  
 Corporation  Partnership  Sole Ownership

### ACCOUNT INFORMATION

When did this business begin? \_\_\_\_\_ What type of business is this? \_\_\_\_\_ Do shipments require P.O. number?  Yes  No Do shipments require dept. number?  Yes  No

Is this a change of ownership?  Yes  No If yes, list former business name: \_\_\_\_\_ Account number (if applicable): \_\_\_\_\_

### BANKING REFERENCES

Principle Bank: \_\_\_\_\_ Bank Officer: \_\_\_\_\_ Fax #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### TRADE REFERENCES

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name: \_\_\_\_\_ Account #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### MERCHANDISE DISTRIBUTION PLEASE ITEMIZE BRANCH STORES TO WHICH YOU WILL BE DISTRIBUTING OUR MERCHANDISE

Store Name	Store Number / Mark For	Dept. Number	Store Address (City, Province, and Postal Code)
1			
2			
3			
4			
5			

### • APPLICANT FINANCIAL DISCLOSURE •

**APPLICANT MUST ATTACH COMPLETED UNIFORM SALES AND USE TAX CERTIFICATE TO BE CONSIDERED FOR APPROVAL.**

I have read and understand the CONDITIONS OF SALE associated with this agreement.

This information is given for the purpose of obtaining credit and is warranted to be true. I/We authorize National Book Network to investigate the references listed pertaining to my/our credit and financial responsibilities.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**X**