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CREDIT APPLICATION

NAME OF COMPANY: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE #: _____ FAX #: _____

EMAIL: _____ WEB: _____

TYPE OF OWNERSHIP:

PROPRIETORSHIP CHIEF EXECUTIVE / OWNER: _____

PARTNERSHIP HOME ADDRESS: _____

CORPORATION HOME PHONE #: _____

DUNS #: _____ YEARS ESTABLISHED: _____ CREDIT REQUIRED: _____

BANK REFERENCE:

NAME: _____ ADDRESS: _____

CONTACT: _____ BRANCH: _____

ACCOUNT #: _____ TEL #: _____

FAX #: _____

TRADE REFERENCES:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TEL #: _____ TEL #: _____

FAX #: _____ FAX #: _____

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TEL #: _____ TEL #: _____

FAX #: _____ FAX #: _____

PROVINCIAL SALES TAX #: _____ G.S.T. #: _____

AUTHORIZED SIGNATURE: _____ TITLE: _____

DATE: _____

**** IN ORDER TO PROCESS YOUR APPLICATION IN A PROMPT AND EFFICIENT MANNER, PLEASE COMPLETE IN FULL.
** ALL ORDERS WILL BE STRICTLY C.O.D. UNTIL APPLICATION IS APPROVED.**