

# CARNIECAP™



Biodegradable

# Canada

tel: (416) 873-0645  
sales@carniecapcanada.com  
www.carniecapcanada.com

587 Oxford Street,  
Etobicoke, ON,  
M8Y 1E6

## Credit Application

Company Name \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address (if different from Billing) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Type of Ownership**  Corporation  Partnership  Sole Proprietor

Years in Business \_\_\_\_\_  Other (specify) \_\_\_\_\_

Parent Company Name (if different from above) \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Billing Address \_\_\_\_\_ Shipping Address (if different from Billing) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### Credit Controller

Name \_\_\_\_\_ Tel: \_\_\_\_\_ Xtn: \_\_\_\_\_

Email: \_\_\_\_\_

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## Credit Application (continued)

### Bank Reference

Bank Name	Tel:	Fax:
Bank Account #	Contact Name	

### Trade Reference #1

Company Name	Tel:	Fax:
Credit Amount	Terms	Contact Name

### Trade Reference #2

Company Name	Tel:	Fax:
Credit Amount	Terms	Contact Name

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## Credit Application (continued)

### Trade Reference #3

_____		_____	_____
Company Name		Tel:	Fax:
_____		_____	
Credit Amount	Terms	Contact Name	

**Authorized Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Company Title:** \_\_\_\_\_

**Email** (lower case assumed): \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>CCC Office Use Only</b>		Date: _____
Credit Limit _____	Approved by: _____	