



A CARRIFF ENGINEERED FABRICS COMPANY

APPLICATION FOR CREDIT

Company Name: _____

Business Address: _____

Billing Address: (if different than above) _____

Ship To Address: (if different than above) _____

Business # (Canada): _____ **EIN # (USA):** _____

Telephone: _____ **Fax:** _____

Principals (Key Personnel)

Name: _____ **Position:** **Owner/President/General Mgr.**
please circle

_____ telephone _____ fax _____ email

Name: _____ **Position:** **Purchasing Agent/Buyer**
please circle

_____ telephone _____ fax _____ email

Name: _____ **Position:** **Accounts Payable**

_____ telephone _____ fax _____ email

Banking Information

Name of Bank: _____

Address: _____

Contact Name: _____

Telephone: _____ **Fax:** _____

(CONTINUED ON REVERSE)

Credit/Trade References

1) Company Name: _____ Contact: _____

Address: _____

_____ telephone _____ fax _____ email

Number of Years of Association with this Company: _____

2) Company Name: _____ Contact: _____

Address: _____

_____ telephone _____ fax _____ email

Number of Years of Association with this Company: _____

3) Company Name: _____ Contact: _____

Address: _____

_____ telephone _____ fax _____ email

Number of Years of Association with this Company: _____

Credit Limit Requested: \$ _____

If your company finds it more convenient to pay using direct deposit, please contact us for our banking information.

Completed By: _____

Position: _____

Signature: _____ **Date:** _____

Please Email Completed Form To: GOConnor@Carriff.com

or

Fax Completed Form To: Customer Service at 519-457-3277

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 TEL: 519-457-7166