



ELITE

AWARDS & GIFTS

601 West St. S., Orillia Ontario L3V 5H7
TEL: 800-930-7444 FAX: 800-465-9040 E-MAIL: orderdesk@eliteawards.com

APPLICATION FOR CREDIT

***Please print or type clearly**

Name of Business: _____ Tax: No: _____

Address: _____ Phone # _____

City, Province/State Postal/Zip _____

Name of Principal/Owner _____ Treasurer _____

How long in operation? _____
Corporation Partnership Check One
Proprietor

Name of current Bank _____ Address/Phone _____

Bank Account No: Chequing _____ Savings _____

Principal Contact Person at Bank _____

(If at bank less than 6 months show previous bank and account number below)

Name of Bank _____ Account No: _____

• Address/phone _____

List name, address, phone/fax no. and account no. of five current suppliers:

1. _____
2. _____
3. _____
4. _____
5. _____

I understand the above information is given in confidence for the sole purpose of establishing a Net 30 Day Account privilege with **Elite Awards & Gifts**. I further certify that the facts provided by me for this purpose are true and exact.

Customer Signature

Date