



**GENERAL INFORMATION:**

Legal Company Name: \_\_\_\_\_  
Affiliate Company Name (if any): \_\_\_\_\_  
GST No.: \_\_\_\_\_  
Corporate Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Accounts Payable Contact: \_\_\_\_\_  
Accounts Payable Email: \_\_\_\_\_ Tel: \_\_\_\_\_

**BUSINESS INFORMATION:**

Type of Ownership: \_\_\_\_\_  
Nature of Business: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ No. of Employees: \_\_\_\_\_  
Credit Requested: \$ \_\_\_\_\_  
Ship to Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Authorized Purchaser: \_\_\_\_\_  
Authorized Purchaser Email: \_\_\_\_\_ Tel: \_\_\_\_\_

**BANK INFORMATION:**

Name of Bank: \_\_\_\_\_ Transit No.: \_\_\_\_\_ Account No. \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Account Manager: \_\_\_\_\_

**TRADE REFERENCES:**

No.	Company Name	City	Telephone	Fax
1.				
2.				
3.				
4.				

- **APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO FACILITATE PROCESSING**
- I make this application for a credit account and give Cascade Flow Control Solutions authorization to obtain and report business information and credit information of this company through the services of Groupecho Canada for the purposes of opening this account and monitoring it for this business relationship.
- All orders are subject to Cascade Flow Control Solution's Terms & Conditions: <http://www.cascadeflow.ca/terms-conditions/>

Applicants Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_