



STONEAGE LIGHTING CREATIONS LTD.

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CREDIT APPLICATION

Trade Name: _____

Type of Business _____

Address: _____

Code: _____ Phone: _____ Fax: _____

Check as Applicable: Proprietorship Partnership Incorporation

How long in business: _____ GST# _____ PST# _____

Federal I.D.#: _____

Bank: _____ Branch: _____

Account Number: _____

Account Manager: _____ Phone: _____

PLEASE SUPPLY THREE TRADE REFERENCES

Name: _____

Address: _____

Code: _____ Phone: _____ Fax: _____

Name: _____

Address: _____

Code: _____ Phone: _____ Fax: _____

Name: _____

Address: _____

Code: _____ Phone: _____ Fax: _____

Credit Limit required: _____ Estimated yeraly purchases: _____

**IT IS UNDERSTOOD AND AGREED THAT ALL INVOICES WILL BE PAID
WITHIN OUR TERMS STRICTILY NET 30 DAYS AND FAILURE TO DO SO
SHALL BE CONSIDERED SUFFICIENT CAUSE FOR CANCELLATION OF
CREDIT.**

Signing Officer: _____ Date: _____

Title: _____