



Credit Application

Company Name: _____ Date: _____

Address: _____ Addresses of other branches or locations: _____

Street: _____ Street: _____

City: _____ State: _____ ZIP: _____ City: _____ State: _____ ZIP: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

Year Established: _____

Federal Tax ID Number: _____

A/P Contact: _____

E-Mail Address: _____

Credit References:

Company Name: _____

Tel: _____ Fax: _____

Company Name: _____

Tel: _____ Fax: _____

Company Name: _____

Tel: _____ Fax: _____

Bank Information

Name of Bank: _____ Address: _____

Account #: _____

Account Manager: _____ Tel: _____

Please Fax Back to 514-630-9424 or Email to: info@contraxequipment.com

Please note that all information provided will be held strictly in confidence.

106 Gun Ave, Pointe Claire, QC, H9R 3X3 Tel: (514) 429-4250 Fax: (514) 630-9424