



2125 Fruitbelt Parkway  
Niagara Falls ON L2J 0A5  
Telephone: (905) 262-2000  
Fax: (905) 262-5738

Approved by: \_\_\_\_\_  
Date Approved: \_\_\_\_\_

## Credit Application

Email to: [cottonreceivables@cottoninc.ca](mailto:cottonreceivables@cottoninc.ca)

**PLEASE FILL IN ALL AREAS COMPLETELY**  
Leaving spaces will cause delays in processing

### Company Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_ Services looking to obtain: \_\_\_\_\_

### Type of Business:

Incorporated  Proprietorship  Partnership  Other

Nature of Your Business: \_\_\_\_\_ Years in Business: \_\_\_\_\_

### References: Please Fill in all Blanks

Bank: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

1. Credit Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Credit Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Credit Reference: \_\_\_\_\_ Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**I/we certify that all the information on this Credit Application is correct and agree to pay a service charge of 1.8% per month of 20% per annum on overdue amounts. Payment terms are net 30 days. I/we am the authorized representative named herein and hereby give permission for you to obtain Credit Information from the above named References and Financial Institution.**

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_