

HOLLAND IMPORTS

5499 192nd Street
Surrey, BC V3S 8E5
Tel: (604) 299-5741 // 1 (800) 916-9385
Fax: (604) 299-1301 // 1 (800) 916-9386

CREDIT APPLICATION FORM

Sales Rep _____

Date (mm/dd/yyyy) _____

FOR OFFICE USE ONLY

Please submit completed form to ar@hollandimports.com

ORGANIZATION TYPE				BUYING GROUP AFFILIATION			
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship							
LEGAL NAME				DOING BUSINESS AS (DBA)			
BILLING ADDRESS				SHIPPING ADDRESS			
Address:				Address:			
City:	Province:	Postal Code:		City:	Province:	Postal Code:	
CONTACT INFORMATION							
Name:		Email:		Tel:		Fax:	
GST #		PST #		YEARS IN BUSINESS		CREDIT AMOUNT REQUESTED	

Please List the shareholders/partners in your company/partnership:

1	Name:		Email:	
	Address:			
	City:	Province:	Postal Code:	
	Tel:	Fax:		
2	Name:		Email:	
	Address:			
	City:	Province:	Postal Code:	
	Tel:	Fax:		

Bank Reference:

Bank Name:		Branch/Location:		Tel:	
Address:					
Bank #:		Transit #:		Account #:	

Trade References:

1	Name:		2	Name:		3	Name:	
	Address:			Address:			Address:	
	City:			City:			City:	
	Province:	Postal Code:		Province:	Postal Code:		Province:	Postal Code:
	Email:			Email:			Email:	
	Tel:	Fax:		Tel:	Fax:		Tel:	Fax:
	Account #:			Account #:			Account #:	

☐ I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the Term's & Conditions of Holland Imports Inc.

☐ I would like to receive electronic communication from Holland Imports Inc.

Signature _____ Date (mm/dd/yyyy) _____