



**MANU COMP**

# Credit Application

7007 Islington Ave. Unit 6

Toronto, Ontario, Canada

L4L-4T5

Date \_\_\_\_\_

Phone : 416-484-0781

Fax : 416-946-1267

Toll Free : 1-866-440-1115

www.manucomp.com

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Owners Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal / Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

**Type of Business** Corporation  Partnership  Proprietorship  Other

Date Established \_\_\_\_\_

### Credit Terms

Terms are C.O.D. / Net 7, Net 14, & Net 30.

### Bank References

Name \_\_\_\_\_

Account Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province / State \_\_\_\_\_

Postal / Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

### Trade References

Name \_\_\_\_\_ Address \_\_\_\_\_ Account # \_\_\_\_\_

City \_\_\_\_\_ Province / State \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Account # \_\_\_\_\_

City \_\_\_\_\_ Province / State \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Account # \_\_\_\_\_

City \_\_\_\_\_ Province / State \_\_\_\_\_ Phone # \_\_\_\_\_

I have read and fully understand the credit terms above. I further acknowledge that the information being submitted is complete, correct and true.

Date \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_