



Customer Credit Application Form

Legal Company Name _____

Address Street _____ City _____

Province/State _____ Postal Code _____ Country _____

Phone Number _____ Fax Number _____ Website _____

Would you like your invoices emailed? Y N Email Address _____

Billing Address Same as above

Street _____ City _____ Province/State _____

Postal Code _____ Country _____ Phone Number _____

Federal Tax ID Number _____ Type of Business _____ Years in Business _____

Principals _____ Title _____ Credit amount requested _____

Acct. Payables _____ Phone Number _____ Email Address _____

Financial Information

Name of Bank _____

Address Street _____

City _____ Postal Code _____ Country _____

Phone Number _____ Fax Number _____

Account Number _____

Account Manager _____

Credit References

Company Name _____ Contact _____

Address Street _____ City _____

Province/State _____ Postal Code _____ Country _____

Phone Number _____ Fax Number _____ Email Address _____

Company Name _____ Contact _____

Address Street _____ City _____

Province/State _____ Postal Code _____ Country _____

Phone Number _____ Fax Number _____ Email Address _____

Company Name _____ Contact _____

Address Street _____ City _____

Province/State _____ Postal Code _____ Country _____

Phone Number _____ Fax Number _____ Email Address _____

Signing Officer _____ Signature _____ Date _____

Please ensure that all information is filled in correctly to ensure an accurate and timely credit reference check.
Please return the completed form By email or fax to Melanio Santiago (mel.santiago@gvs-vci.com or 905-761-7917)
Thank you,
Guide Valve Limited.