

UNIT - 160 , 2368 NO 5 ROAD  
RICHMOND, BC, V6X 2T1



Phone: 604-671-9002  
Fax: 604-899-2286  
E-Mail: accounting@coldfish.ca

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**Credit Application**

Company Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Fax: \_\_\_\_\_  
Zip: \_\_\_\_\_ Contact: \_\_\_\_\_  
Tax I.D.: \_\_\_\_\_ Title: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Incorporated: Yes / No  
Years in Business: \_\_\_\_\_

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**Banking Information**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Account #: \_\_\_\_\_

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**Credit References**

	Name	Address	Contact	Phone	Fax
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____

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The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Title: \_\_\_\_\_