



**CONFIDENTIAL  
CREDIT APPLICATION**

1670 East Kent Ave. South Vancouver, BC V5P 2S7  
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accounting@coldfish.ca

**TYPE OF OWNERSHIP**

BUSINESS NAME: \_\_\_\_\_ PH#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FX#: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
DATE ESTABLISHED: \_\_\_\_\_ PRESENT LOCATION SINCE: \_\_\_\_\_

- CORPORATION
- PARTNERSHIP
- SOLE PROPRIETOR
- LLC

IF CORPORATION, DATE & STATE OF INCORPORATION: \_\_\_\_\_ FEDERAL ID#: \_\_\_\_\_  
PARENT COMPANY: \_\_\_\_\_ PH#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ PRO: \_\_\_\_\_ ZIP: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_ PH#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PRINCIPAL OWNERS OR OFFICERS:**

1-NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_ SS#: \_\_\_\_\_  
RESIDENTIAL ADDRESS: \_\_\_\_\_  
OWN  RENT  PH#: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**FINANCIAL INSTITUTION:**

BANK NAME: \_\_\_\_\_ PH#: \_\_\_\_\_ ACCOUNT#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

**FOOD INDUSTRY REFERENCES:**

1-COMPANY NAME: \_\_\_\_\_ PH#: \_\_\_\_\_ FAX#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
2-COMPANY NAME: \_\_\_\_\_ PH#: \_\_\_\_\_ FAX#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
3-COMPANY NAME: \_\_\_\_\_ PH#: \_\_\_\_\_ FAX#: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

**X** \_\_\_\_\_  
(Signature)

(Print Name)

(Title)

(Date)

**X** \_\_\_\_\_  
(Signature)

(Print Name)

(Title)

(Date)