



# CREDIT APPLICATION

830 Industrial Avenue Unit 9  
Ottawa, Ontario K1G 4B8  
Canada

Phone: 866-939-9959  
Fax: 866-646-6626  
Email: [sales@psscscientific.com](mailto:sales@psscscientific.com)

## COMPANY INFORMATION

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Phone (ext.): \_\_\_\_\_ ( )

Years in Business: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Type of Organization: ( ) Corporation ( ) Partnership ( ) Proprietorship

No. of employees: \_\_\_\_\_ Credit Amount Requested: \_\_\_\_\_

PST Exemption No.: \_\_\_\_\_ GST Registration No.: \_\_\_\_\_

## BANK REFERENCE

Bank Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact: \_\_\_\_\_

## CREDIT REFERENCES

1. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ PC/Zip: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ PC/Zip: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ PC/Zip: \_\_\_\_\_

## TERMS OF PAYMENT AGREEMENT

The applicants signature authorizes: A) verification of the information provided on this form. B) ProSource Scientific to contact any references or banks listed above. Any information obtained is confidential & solely used for the basis of granting credit. C) Upon credit approval, Terms of Payment will be Net 30 days from invoice date. Please sign your agreement below:

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Title: \_\_\_\_\_