



BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY, PROVINCE: \_\_\_\_\_ FAX: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ HST # \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ DATE ESTABLISHED: \_\_\_\_\_

CREDIT LIMIT REQUIRED: \$ \_\_\_\_\_ ESTIMATED MONTHLY SALES \$ \_\_\_\_\_

**NAME OF PRINCIPALS**

1 \_\_\_\_\_ TITLE: \_\_\_\_\_

2 \_\_\_\_\_ TITLE: \_\_\_\_\_

**BANK INFORMATION**

NAME: \_\_\_\_\_ ACCOUNT# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY, PROVINCE: \_\_\_\_\_ FAX: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ CONTACT: \_\_\_\_\_

**TRADE REFERENCES**

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_

*I/We expressly consent to HYDRONIC CENTRE INC or VERI-CHEQUE LTD., to obtain any reports containing credit or personal information that is required in obtaining credit from HYDRONIC CENTRE INC. I/We declare that the information given on this application is true and accurate in every aspect. This declaration is made for the purpose of obtaining credit from HYDRONIC CENTRE INC and will remain confidential.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_