



· Solar Specialists for over 25 years ·

CREDIT APPLICATION – Please print or type!

Line of Credit Requested \$ _____ Date: _____

Business Name: _____ D/B/A: _____

Mailing Address: _____

Shipping Address: _____

Phone # _____ Fax # _____

Email Address: _____ Duns Number: _____

Type of Business _____ Date Established: _____

Business GST # _____ PST Exemption # _____

Ownership Sole Owner Partnership Corporation

Principal: _____
(Name) (Title) (SIN#or DL#) (Home Address)

Principal: _____
(Name) (Title) (SS#) (Home Address)

Payables Contact: _____
(Name) (Phone) (Fax) (Email)

TRADE REFERENCES: (Please provide a minimum of three trade references complete with name, city, phone and fax numbers, credit limit and payment terms, of suppliers of major products and/or services)

1) _____

2) _____

3) _____

4) _____

