



Effeclean Canada Inc
421 Lansdowne Ave. Toronto, On M6H 3Y2
Tel (416) 575-3662 Fax (416) 534-6663

Credit Application Form

Date: _____

Registered Co Name: _____

Operating Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Ship to Address: _____

City: _____ Province: _____ Postal Code: _____

Type of Business: Corporation Partnership Proprietorship

HST #: _____

Person Responsible For Account Payables: _____

Telephone #: _____

Fax #: _____

Contact/Purchaser Name: _____

Trade References:

(1) Co Name: _____ Fax # _____

(2) Co Name: _____ Fax # _____

(3) Co Name: _____ Fax # _____

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. I understand that all goods remain the property of Effeclean Canada Inc until paid in full and that any and all expenses incurred in the process of collections of outstanding balances will be our responsibility. I understand that all credit amounts extended must be paid 15 days from invoice date.

Certification: _____ **Date:** _____