



CREDIT APPLICATION

Company Name: _____

Complete Mailing Address: _____

Shipping Address (if diff. from above): _____

Phone# (incl. toll free): _____ Fax#: _____

Corporation: _____ Partnership: _____ Proprietorship: _____ Other: _____

Year Business Opened: _____ Type of Business: _____

List 2 Officers, Partners, or Owners: Name: _____ Title: _____

Name: _____ Title: _____

Purchase Orders Required: _____ Amount of credit required: \$ _____

PST Exemption: _____ PST#: _____

Trade References:

1. Name: _____ Address: _____

Phone: _____ Fax: _____ Account Opened: _____

2. Name: _____ Address: _____

Phone: _____ Fax: _____ Account Opened: _____

3. Name: _____ Address: _____

Phone: _____ Fax: _____ Account Opened: _____

OUR TERMS ARE NET 30 DAYS

Acknowledgement:

The information provided above is truthful and accurate to the best of my knowledge. I agree that all and any purchases made from **CO2 SOURCE INC.**, by myself, or any employee of my company, will be paid in accordance with the aforementioned term.

Purchaser/ Authorized Person (Please Print): _____

Signature: _____ **Date:** _____