



DEDICATED PEOPLE - SUPERIOR PRODUCTS

405 Lake Road, Unit 2  
Bowmanville, ON L1C 4P8  
T: 905-697-4276  
F: 905-697-6422  
TF: 1-866-885-4276  
www.nordockinc.com

REQUEST FOR CREDIT APPROVAL

Company Name (DBA): \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Federal ID#: \_\_\_\_\_ Credit Limit Request: \_\_\_\_\_

Method of Receiving Invoice:    Email            Fax            Mail

A/P Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

OFFICERS OF CORPORATION

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Type of Business:    Limited Company            Partnership            Sole Proprietorship            Corporation

Number of years in business: \_\_\_\_\_ Is this company:    Private            Public

BANK REFERENCE

Bank Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Type: \_\_\_\_\_

BUSINESS/TRADE REFERENCES

1. Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_



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2. Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

CONTACT INFORMATION

Owner/President: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Controller: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Accounts Payable: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Purchasing: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I represent that the above information is true. I authorize NORDOCK INC. to make such credit investigation as seen fit, including contacting the above trade references and bank and obtaining credit reports. I authorize all trade references, banks, and credit reporting agencies to disclose information concerning the financial and credit history of my company.

The Undersigned agrees to 30 day payment terms, and any amount overdue to be charged 2% compound interest per month. Usage and/or signature constitutes agreement to pay amount invoiced/quoted for services rendered. If this bill is referred for collections, debtor agrees to pay creditor, (and/or his agent), the original bill, (including interest), plus all costs for collection including any court cost.

I have the authority to bind the Corporation

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

Title: \_\_\_\_\_

