



Canadian Safety Equipment Inc.
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Mississauga, Ontario
L5A 3P2

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CREDIT APPLICATION

LEGAL COMPANY NAME: _____ TRADE NAME (IF DIFFERENT) _____

ADDRESS: _____

STREET _____ CITY _____ PROVINCE _____ POSTAL _____

BILLING ADDRESS (IF DIFFERENT) _____ SHIPPING ADDRESS (IF DIFFERENT) _____

PHONE NUMBER : () _____ FAX NUMBER:() _____

BANK REFERENCES

BANK NAME : _____

BANK ADDRESS : _____

BANK CONTACT AND TELEPHONE : _____

TRADE REFERENCES

COMPANY	ADDRESS	CONTACT	PHONE	FAX

EXEMPTIONS

PST NUMBER IF EXEMPT: _____ GST NUMBER IF EXEMPT: _____

SIGNATURE: _____ TITLE: _____ DATE: _____