



4659 King Street East, Beamsville, ON L0R 1B1
905-563-4245 • Fax 905-563-5256
www.blueskynursery.ca

CONFIDENTIAL APPLICATION FOR CREDIT

COMPANY INFORMATION

Firm Name: **Credit Amount Requesting: \$2,000 \$5,000 \$10,000 Other**

Contact Person: Telephone:

E-Mail: Fax:

Billing Address: Shipping Address:

Year Established: Years At Present Location:

Nature Of Business: Type of Business: Sole Proprietor Partnership Incorporated

Person responsible for disbursing cheques:

OWNERS OR PRINCIPAL OFFICERS

Names	Titles
1	1
2	2

BANK INFORMATION

Bank Name: Telephone:

Address: Contact:

REFERENCES We must have an email or fax to contact your references or we cannot process your request. Thank you.

1. Supplier Name: Email:

Address: Fax:

2. Supplier Name: Email:

Address: Fax:

3. Supplier Name: Email:

Address: Fax:

I authorize the references named above to release any financial and credit information known to them to Blue Sky Nursery with the understanding that it will be used only for credit purposes.

Signature:

Date: