OMEGA
Sales & Marketing Ltd.

CREDIT APPLICATION

Date: _____

New Account Credit Limit Requested $_____ _____

Company: _____

Full Legal Name:_____ _____

Mailing Address: _____ _____ _____

Shipping Address: _____ _____ _____ _____

Phone: _____Fax: _____

Ownership: Individual Partnership Corporation

If Incorporated, Province in which corporation _____ _____

(Photocopy of Tax Exemption Certificate must be attached to Credit Application) Canada GST # _____

Partners or Officers

1. _____
Name Title Address

2. _____
Name Title Address

Bank References

Bank Name:_____

Address: _____

Acct. No. _____ Contact Name & Phone: _____

Trade References

1. _____
Name Address Phone Fax:

2. _____
Name Address Phone Fax:

3. _____
Name Address Phone Fax

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