

Novapro Credit Application

Please print this page, fill out the requested information & fax back to Novapro at: (905) 792-6644.

Number of Pages Being Faxed (Including PST Exemption Certificate) _____

Client Data

Legal Corporate Name			
Trade Name & Date Established			
Address			
Telephone		Fax	
Principal Contact		Title	
Circle One:	Head Office	Branch	Subsidiary Sole Location

If Branch or Subsidiary (see above), Please Provide the Following Information:

Name of Parent Company			
Address			
Telephone		Fax	

Bank Data (Primary):

Bank		Since	
Address			
Telephone		Fax	
Type of Account		Account #	
Account Manager			

Tax Exemption Numbers -- Please Attach a Copy of Your PST Exemption Certificate

PST #		GST#	
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Trade References (Please Supply 2)

Corporate Name			
Address			
Telephone		Fax	
Contact Name		Title	

Corporate Name			
Address			
Telephone		Fax	
Contact Name		Title	

Limit Requested	
<p>We acknowledge that a credit investigation will be conducted based on the information above and we authorize you to contact those references necessary to obtain the information required. We also acknowledge the Novapro terms of sale is net 30 days and agree to make payment within these terms.</p> <p>Signed on: ___/___/___ (m/d/y) Authorized Signature: _____</p>	

For Office Use ONLY

Approval Date ___/___/___ (m/d/y)	Approval Limit _____	Initial _____
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