

Canplas Industries Ltd.:

Application For Credit



Date: _____
Full Company Legal Name: _____
Trade / Division Name: _____
(If different from above)

Mailing Address

Street Address: _____
City: _____ Prov./State: _____
Country: _____ Postal/Zip Code: _____
Telephone #:(____) _____ Fax #:(____) _____

President: _____ Controller: _____
Accounts Payable Contact Person: _____
Type of Business: _____
Number of years in Business: _____ Provincial Tax Exempt #: _____

Credit References

Creditor: _____
Address: _____
Phone #:(____) _____ Fax #:(____) _____

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Address: _____
Phone #:(____) _____ Fax #:(____) _____

Creditor: _____
Address: _____
Phone #:(____) _____ Fax #:(____) _____

Principal Bank: _____
Address: _____
Phone #:(____) _____ Fax #:(____) _____

Application completed by: _____
(SENIOR OFFICER)

Fax application to: 1-888-432-2201