

# GRA DISTRIBUTION

7 STANFORD CR. , NEWCASTLE, ONTARIO L1B 1G1

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## Credit Application Form

<b>Business Name</b>	<b>Legal Structure</b>	Corporation/Proprietorship/Other
Business #	Owners	
Address	Accounts Payable Name	
City	Established	
Province	Name of Bank	
Postal code	Tel#	Fax
Date	Bank Address	[Write address here]
Telephone	Province	Postal Code
Fax	Branch	Branch#
	Account#	

### Business References

1	Name				
	Address				TERMS:
	City	Province/State		Postal/Zip	
	Country				
2	Name				
	Address				TERMS:
	City	Province/State		Postal/Zip	
	Country				
3	Name				
	Address				TERMS:
	City	Province/State		Postal/Zip	
	Country				
4	Name				
	Address				Terms
	City	Province/State		Postal/Zip	
	Country				

Payment Terms Requested: COD Interac E-transfer Net 30

Please note we do not accept credit card payments.

Amount of credit Requested \_\_\_\_\_

Please indicate if you want email updates on products & specials Y / N

Email address: \_\_\_\_\_

Signature of applicant:

Printed Name:

