

T. LITZEN SPORTS LTD CREDIT APPLICATION

Full Legal Name of Business: _____

Principal Business Address:

Street: _____ City: _____

Province: _____ Postal Code: _____

Telephone #: _____ Fax#: _____

PST Exempt #: _____

Please provide a copy of a signed and dated PST Exemption Certificate.

of years at present location: _____ # of years in business: _____

Place of Business is: Owned ___ Leased ___

List of people authorized to purchase on this account: _____

Trade References: (suppliers you presently have credit with)

Please fill in fax #. Most companies will only allow fax references.

Name: _____

Address: _____ Phone #: _____

Fax #: _____ Contact Person: _____

Name: _____

Address: _____ Phone #: _____

Fax #: _____ Contact Person: _____

Name: _____

Address: _____ Phone #: _____

Fax #: _____ Contact Person: _____

Name: _____

Address: _____ Phone #: _____

Fax #: _____ Contact Person: _____

*****All money outstanding after the due date will be charged 2% interest*****

Signed: _____ Date: _____

Please fill out and refax to Deanne at 905-628-9382