

# HOLLAND IMPORTS

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 Burnaby, BC V5C 4Y9  
 Tel: (604) 299-5741 // 1 (800) 916-9385  
 Fax: (604) 299-1301 // 1 (800) 916-9386

Sales Rep _____
Date (mm/dd/yyyy) _____
<i>FOR OFFICE USE ONLY</i>

## CREDIT APPLICATION FORM

**Please submit completed form to ar@hollandimports.com or fax 1 (800) 916-9383**

ORGANIZATION TYPE			BUYING GROUP AFFILIATION		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship					
LEGAL NAME			DOING BUSINESS AS (DBA)		
BILLING ADDRESS			SHIPPING ADDRESS		
Address:			Address:		
City:	Province:	Postal Code:	City:	Province:	Postal Code:
CONTACT INFORMATION					
Name:		Email:		Tel:	
GST #		PST #		YEARS IN BUSINESS	

**Please List the shareholders/partners in your company/partnership:**

Please List the shareholders/partners in your company/partnership:					
1	Name:		Email:		
	Address:				
	City:	Province:	Postal Code:		
	Tel:		Fax:		
2	Name:		Email:		
	Address:				
	City:	Province:	Postal Code:		
	Tel:		Fax:		

**Bank Reference:**

Bank Name:		Branch/Location:		Tel:
Address:				
Bank #:		Transit #:		Account #:

**Trade References:**

Trade References:						
1	Name:		Name:		Name:	
	Address:		Address:		Address:	
	City:		City:		City:	
	Province:	Postal Code:	Province:	Postal Code:	Province:	Postal Code:
	Email:		Email:		Email:	
	Tel:		Fax:		Tel:	
2	Name:		Name:		Name:	
	Address:		Address:		Address:	
	City:		City:		City:	
	Province:	Postal Code:	Province:	Postal Code:	Province:	Postal Code:
	Email:		Email:		Email:	
	Tel:		Fax:		Tel:	
3	Name:		Name:		Name:	
	Address:		Address:		Address:	
	City:		City:		City:	
	Province:	Postal Code:	Province:	Postal Code:	Province:	Postal Code:
	Email:		Email:		Email:	
	Tel:		Fax:		Tel:	

- I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the Term's & Conditions of Holland Imports Inc.
- I would like to receive electronic communication from Holland Imports Inc.

Signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_