



6 Vata Court, Unit # 10  
Aurora, Ont. L4G4B6  
(905) 727-2763 (24 hr.) 1-800-668-9875  
Fax: (905) 727-5496, Email: info@justram.ca

**CREDIT APPLICATION**

Full Company Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

**E-Mail Accounts Payable:** \_\_\_\_\_ **(Invoices will be emailed only)**

Established: \_\_\_\_\_ Corporation, Partnership or Sole Proprietor? \_\_\_\_\_

Contacts: Purchasing \_\_\_\_\_ Phone # \_\_\_\_\_

Contacts: A/P \_\_\_\_\_ Phone # \_\_\_\_\_

GST License # \_\_\_\_\_ Amount of Credit Required: \_\_\_\_\_

**BANKING INFORMATION**

Bank Name: \_\_\_\_\_ Account # \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

**TRADE REFERENCES**

1. Name: \_\_\_\_\_ 2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_ 4. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date this information is being provided: \_\_\_\_\_

**POSITION/TITLE OF APPLICANT:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:** \_\_\_\_\_ **PRINT NAME:** \_\_\_\_\_

NOTE: JUSTRAM EQUIPMENT INC. PAYMENT TERMS ARE **NET 30 DAYS** FROM DATE OF INVOICE. INVOICES WILL BE EMAILED ONLY. IN APPLYING FOR CREDIT WITH JUSTRAM EQUIPMENT INC., THE APPLICANT AGREES TO AND ACCEPTS OUR TERMS OF PAYMENT. FAILURE TO MEET PAYMENT TERMS MAY RESULT IN CANCELLATION OF CREDIT PRIVILEGES.