



**ACTION
LOCKSMITHS INC.**

"The professionals"

CREDIT APPLICATION

Date: _____

COMPANY INFORMATION:

Company Name : _____

Billing Address : _____

Phone Number : _____

Fax Number : _____

Number of Years in Business : _____

Principal Contact : _____

GST Registration Number : _____

PST Exemption Number : _____

CREDIT REFERENCES:

(1) Company Name : _____

Phone Number : _____

Contact Name : _____

(2) Company Name : _____

Phone Number : _____

Contact Name : _____

(3) Company Name : _____

Phone Number : _____

Contact Name : _____

Name of Applicant : _____

Signature of Applicant: _____