uniserve
WHOLESALE SERVICES

Credit Application Form

200 - 610 6th St, PO Box 187, New Westminster BC V3L3C2 fax: 604-628-5300

Company Information

Company Name:		Date:
Billing Address:		
City:	Province:	Postal Code:
Contact:	Phone No:	Fax No:
Shipping Address:		
President:	Subsidiary or Division?	
GST #:	PST #:	
☐ Individual ☐ Partnership ☐ Corporation ☐ Other		
Business Types:	Year Established:	
No. of employees:	SIC Code: (1) (2)	

Bank Reference

Bank Name:	Date:	
Address:		
City:	Province:	Postal Code:
Phone No:	Fax No:	
Contact:	Account No:	

I hereby authorize Uniserve to contact our financial institution to gain information on the financial history of _____(Company Name)____. This information will stay confidential and will only disclose to Uniserve's Financial Department.

Authorized Signature	Title	Date
Authorized Signature	Title	Date