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Vaughan, ON L4H 0J2

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CREDIT APPLICATION

COMPANY INFORMATION

Legal Name _____

Trading Name _____

Address _____

City _____ Prov _____ Postal Code _____

Phone () _____ Fax () _____ # of Employees _____

Email _____ Proprietorship () Partnership () Corporation ()

Years In Business _____ Owners/Principals Name _____

PST # _____ Address _____

GST # _____ Name _____

Annual Sales _____ Address _____

Nature of Business _____

BANK INFORMATION

Name _____ Acct # _____

Address _____ Contact _____

City/Prov _____ Postal Code _____

Telephone () _____ Fax () _____

TRADE REFERENCES

Name _____

Address _____ City/Prov _____

Contact _____ Credit Limit \$ _____ Terms _____

Telephone () _____ Fax () _____

Name _____

Address _____ City/Prov _____

Contact _____ Credit Limit \$ _____ Terms _____

Telephone () _____ Fax () _____

Name _____

Address _____ City/Prov _____

Contact _____ Credit Limit \$ _____ Terms _____

Telephone () _____ Fax () _____

I hereby grant permission to Digica and it's affiliates to obtain credit information from all sources noted above:

Signature: _____ Title _____ Date _____

PLEASE RETURN VIA FAX TO: (647) 723-9300

**Note: if your organization has a standard credit sheet already filled out, please complete this form and supplement it with your credit sheet in order to ensure timely processing of your application. Processing may take between 1 and 8 weeks, depending on how quickly your credit references and bank respond to our request.*