



Marcell Industrial Inc

HVAC MANUFACTURER & IMPORTER
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www.marcellHVAC.com

CREDIT APPLICATION

CREDIT AMOUNT REQUESTED: \$	TERMS: 30 Days Net (Customer to Acknowledge By Initialling Here):
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Business Information

Business Name: _____

Phone: _____ Fax: _____ Email: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

In business since: _____ Annual Sales: _____

Type of Business: _____

Contact Information

President: _____ Tel: _____ Email: _____

Purchaser: _____ Tel: _____ Email: _____

AP Contact: _____ Tel: _____ Email: _____

Email for sending invoices & statements: _____

Credit Information

Bank Name: _____ Branch Address: _____

Account Manager Name: _____ Tel: _____

Account No.: _____ Branch No.: _____ Transit No.: _____

Trade Reference (Major Suppliers)

Company Name:	Company Name:
AP Contact Name:	AP Contact Name:
Tel:	Tel:
Email:	Email:
Company Name:	Company Name:
AP Contact Name:	AP Contact Name:
Tel:	Tel:
Email:	Email:

The information contained in this document is true and accurate to the best of my knowledge. Based on the information provided, a credit amount and conditions will be determined. Furthermore, to determine the validity of the information listed above, I consent to the financial institutions listed in the credit application form to provide the necessary information to the company when requested.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Please fill out the form completely and email to accounting@marcellhvac.com