



# Application For Credit

Soren Holm Incorporated  
5985 Atlantic Dr., Units 5 + 6  
Mississauga, Ontario L4W 1S4  
Canada

## Company Information

Firm's Legal Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone# : \_\_\_\_\_ Fax# : \_\_\_\_\_

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

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

Principle's Name and Title: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

## Tax Information

GST# : \_\_\_\_\_

PST Exemption# : \_\_\_\_\_ ( PST Exemption certificate REQUIRED - please fax )

Federal TAX ID# : \_\_\_\_\_ ( U.S. Customers ONLY - For Customs purposes )

## Bank Information

Name of Financial Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_

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

Acct. Manager: \_\_\_\_\_

Acct.# : \_\_\_\_\_



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## Trade References

1)  
Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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

2)  
Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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

3)  
Company Name: \_\_\_\_\_ Contact: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

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

We, the undersigned, hereby certify the above information to be true & correct. In conjunction therewith, we authorize and consent to the receipt & exchange of any and all credit information considered necessary by SOREN HOLM INCORPORATED. SOREN HOLM INCORPORATED'S usual terms of sale are NET 30 DAYS, payment due 30 days from invoice date. By signing below we are agreeing to adhere to these terms, to be responsible for all charges incurred on our account, and that the above tax exemption numbers are true & correct. Should the terms of sale offered to our firm differ from the above, we shall be notified and concur to the given terms.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name of signing officer and title: \_\_\_\_\_