



Presteve Foods Limited

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CREDIT APPLICATION

Company : _____

Address : _____

City : _____

Prov / State : _____

Postal / Zip : _____

Telephone : _____

Fax : _____

Type of Business : _____

Years in Business : _____

Partners / Officers : _____ Title : _____ Phone # : _____

Bank References #1

Bank Name : _____

Address : _____

City : _____

Prov / State : _____

Contact Name : _____

Telephone : _____

Fax : _____

Bank References #2

Bank Name : _____

Address : _____

City : _____

Prov / State : _____

Contact Name : _____

Telephone : _____

Fax : _____

Trade References #1

Company Name : _____

Contact Name : _____

Telephone : _____

Fax : _____

Trade References #2

Company Name : _____

Contact Name : _____

Telephone : _____

Fax : _____

Trade References #3

Company Name : _____

Contact Name : _____

Telephone : _____

Fax : _____

Has The Sole Owner / Partnership or Corporation Declared Bankruptcy _____
If Yes – In What Year _____

Has The Sole Owner / Partnership or Corporation had an NSF Cheque _____
If Yes – In The Last 12 Months _____

Additional Information

Federal Tax ID # : _____

FDA Registration # : _____

Credit Limit Required : _____

Contact Name : _____ Title : _____