

Complete the credit application in full online at:  
<https://www.warmlyyours.com/en-CA/trade/credit-application>

Or scan and email to: [info@warmlyyours.com](mailto:info@warmlyyours.com)

**WarmlyYours**  
**Credit Department**  
 300 Granton Drive, Unit 4A  
 Richmond Hill, L4B1H7  
 FAX: (800) 408-1100 Phone: (800) 875-5285

Your company's annual total in sales:	
Amount of employees:	
Amount of store locations:	
How many floor heating jobs sold :	

## General information

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City \_\_\_\_\_  
 Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Business Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of Business \_\_\_\_\_ DBA Name \_\_\_\_\_  
 Is Merchandise for resale? Yes ☐ No ☐  
**HST/GST Number** \_\_\_\_\_

## Please check and complete as applicable below:

Proprietorship ☐ Partnership ☐ Corporation ☐  
 Principle/Owner \_\_\_\_\_ Title \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact email \_\_\_\_\_  
 Do you have a parent company? Yes ☐ No ☐  
 If yes, provide parent company name and location: \_\_\_\_\_

## Ordering information

Purchasing agent \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_  
 Account payable contact \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ Phone \_\_\_\_\_

## Open Account Trade References (3 required and please include FAX Number)

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 2. Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 3. Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

## Bank Information

Bank Name \_\_\_\_\_ Bank contact officer \_\_\_\_\_  
 Bank address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
 Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**We hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. If our account is not paid as agreed according to the invoice, we promise to pay the unpaid balance and to reimburse all costs of collection.**

Print Name \_\_\_\_\_ Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_