



Complete the credit application in full and fax to:

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 _____