

**VANCOUVER ISLAND**

#1 – 4386 Boban Drive  
Nanaimo, BC V9T 6A7  
PHONE (250) 756-9191  
FAX (250) 756-9109

**\*\*\* HEAD OFFICE \*\*\***

#130 - 2351 No. 6 Road  
Richmond, BC V6V 1P3  
PHONE (604) 279-9120  
FAX (604) 279-9125  
TOLL FREE 1-877-301-9191

**B.C. INTERIOR DIVISION**

#130 – 395 Penno Road  
Kelowna, BC. V1X 7W5  
PHONE (250) 765-6425  
FAX (250) 765-6457  
TOLL FREE 1-888-922-2773

**CREDIT APPLICATION**



**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY & PROVINCE** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_

**PHONE** include area code \_\_\_\_\_ **FAX** include area code \_\_\_\_\_

**BUSINESS TYPE**  Sole Proprietorship  Partnership  Corporation

**NUMBER OF YEARS IN BUSINESS** \_\_\_\_\_ **PST#** \_\_\_\_\_

**NAME AND ADDRESS OF INDIVIDUALS OR PARTNERS**

1. Name 2. Title 3. Home Address 4. Home Phone or Office

**NAME OF CONTACT PERSON REGARDING PURCHASE ORDERS AND INVOICE PAYMENTS**

1. Name 2. Title 3. Address 4. Phone 5. Fax

**BANK NAME** \_\_\_\_\_ **ACCT. NUMBER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CONTACT NAME & TITLE** \_\_\_\_\_

**PHONE** include area code \_\_\_\_\_ **FAX** include area code \_\_\_\_\_

**TRADE REFERENCES**

	<b>COMPANY NAME</b>	<b>CONTACT &amp; TITLE</b>	<b>PHONE</b>	<b>FAX</b>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**THE ABOVE INFORMATION IS HERewith SUBMITTED FOR THE PURPOSE OF OPENING AN ACCOUNT AND I DO HEREBY CERTIFY THIS INFORMATION TO BE TRUE. I DO HEREBY AGREE TO PAY WITHIN INVOICING TERMS. I HAVE READ AND AGREE TO PCW'S STANDARD CONTRACT TERMS AND CONDITIONS.**

\_\_\_\_\_  
**PRINT NAME**                      **SIGNATURE**                      **TITLE**                      **DATE**