

CREDIT APPLICATION

BUSINESS INFORMATION	
Company:	
Address:	
Telephone:	Fax:
E-Mail:	
Business Number:	Estimated monthly volume:
Billing address (if different):	
Accounts Payable Contact/email:	

BANKING INFORMATION	
Bank Name:	
Account No.:	Transit No.:
Telephone:	Fax:
Address:	
Contact person / email:	

TRADE REFERENCES	
Company name:	
Phone:	Contact name/ email:
Company name:	
Phone:	Contact name/ email:
Company name:	
Phone:	Contact name/ email:

PAYMENT OPTIONS		
Please choose one box below:		
Credit Card	EFT/Wire	Etransfer
Cheque	Deposit on Account	Partnerpay-WCA

To discuss any payment options please contact Tammy Major on 514-488-4004 x 304 or by email tmajor@mantoria.com

IMPORTANT:

- 1- This form must be signed by an authorized signing officer to be valid.
- 2- All invoices are to be paid in accordance with the terms shown on the invoice.
- 3- By signing below, you authorize Mantoria Inc to make inquiries to the bank and business/trade references that you have supplied.

I hereby certify that the information contained herein is complete and accurate.

Date	Authorized Signatory	Name and title (Print)