



CORPORATE CREDIT APPLICATION

Brant Basics
296 George St N., Box 1448
Peterborough, ON K9J 7H6
Fax: 705 748 0671

Email: accounts@brantbasics.com

BILLING ADDRESS

Legal Business Name of Applicant

Address:
Postal Code:
Telephone:
Fax Number:

SHIPPING ADDRESS

(Not required if the same as Billing Address)

Address:
Postal Code:
Telephone:
Fax Number:

BUSINESS INFORMATION

Type of Business: Corporation Sole Proprietorship Partnership Personal

Nature of Business:
Of Years in Business # Of Employees:
Name of Owner: Estimated Annual office supply purchase:
Name of Purchaser: Email of Purchaser:
Name of A/P Contact: Email of A/P Contact:

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PLEASE COMPLETE ALL CREDIT REFERENCES

Name of Bank

TRADE REFERENCES

Company Name: Address: A/R Contact: Fax #: Email:
Company Name: Address: A/R Contact: Fax #: Email:

CERTIFICATION OF APPLICATION

I certify that the information on this application is correct and therefore submit my application for a credit account with Brant Basics. I hereby authorize the credit references listed above to release my credit history to Brant Basics for the purpose of opening an account.

*Once an account has been set up, our terms are Net 30 days from the date of invoice.
*All Statements will be sent electronically on the last business day of each month.

Name & Title:
Date: Authorized Signature:

BRANT BASICS OFFICE USE ONLY

Account Code: Date Account Opened: A/R Approval:
Account Rep Assigned: Price File: Sales Manager Acknowledgement: