

GRIME EATER PRODUCTS LTD
4140 B Sladeview Crescent
Unit # 1 & 2
Mississauga, ON. L5L 6A1
Canada



Tel (905)820-2255
Fax (905)820-9988
Toll Free 1-888-424-2976
Email: joyann@grimeeater.com

CREDIT APPLICATION

Please complete in full and return by email or fax To use form fields, you must have Adobe Reader 9 installed.
For privacy protection, you must sign and date the bottom of this page even if you use your own credit application

Company Name _____

Address _____

City _____ Province/State _____

Postal / ZIP Code _____ Country _____

Telephone _____ Fax _____

Owner's Name _____ Name Of Applicant _____

Accounts Payable Officer _____ Purchasing Agent _____

Year Business Established _____ Type Of Ownership _____

Date Of Incorporation _____ Name Of Bank _____

Branch Address _____ Bank Manager or Contact _____

Branch Telephone _____ Account # _____

Federal Tax I.D. # (USA only) _____

TRADE REFERENCES

COMPANY NAME _____

ADDRESS _____

CITY _____ PROV/STATE & POST/ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____ CONTACT NAME _____

COMPANY NAME _____

ADDRESS _____

CITY _____ PROV/STATE & POST/ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____ CONTACT NAME _____

COMPANY NAME _____

ADDRESS _____

CITY _____ PROV/STATE & POST/ZIP _____

TELEPHONE _____ FAX _____

EMAIL _____ CONTACT NAME _____

By signing this credit application form, the applicant fully agrees to allow Grime Eater Products Limited to contact the bank and trade references to discuss and verify all information provided on this form.

Signed : _____ Date : _____

For office use only :
() approved by _____ () declined by _____