



# Cristallerie Holland - Holland Glass & Crystal Inc.

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*Cristal & Vaisselle Classique - Importateurs/Distributeurs en gros*  
*Classics in Crystal & Tableware - Importers/Wholesale Distributors*

6800 HUTCHISON ST.  
MONTREAL, QUEBEC  
H3N 1Y4

## CREDIT APPLICATION

NAME: \_\_\_\_\_ TEL.NO. \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

Is this business a Corporation\_\_\_ Partnership\_\_\_ Individual proprietorship\_\_\_

How long are you in business: \_\_\_ years. Previous name of firm, if changed:

\_\_\_\_\_

Name and address of two Principal Officers of the Company:

(1) \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Tel.no. \_\_\_\_\_

(2) \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_ Tel.no. \_\_\_\_\_

Bank: \_\_\_\_\_

Exact Bank Address: \_\_\_\_\_

List name under which account is held (if different from Company's name):

\_\_\_\_\_

List name and address of three trade suppliers who currently extend credit:  
(Montreal references will expedite. New or COD references not acceptable.)

(1) \_\_\_\_\_ Tel.no. \_\_\_\_\_  
\_\_\_\_\_ How long: \_\_\_\_\_

(2) \_\_\_\_\_ Tel.no. \_\_\_\_\_  
\_\_\_\_\_ How long: \_\_\_\_\_

(3) \_\_\_\_\_ Tel.no. \_\_\_\_\_  
\_\_\_\_\_ How long: \_\_\_\_\_

Credit limit requested: \_\_\_\_\_

Kindly fill out this form and return it duly signed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_