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CREDIT APPLICATION

NAME OF COMPANY _____

ADDRESS _____

CITY _____ POSTAL CODE _____

TELEPHONE (_____) _____ FAX (_____) _____

EMAIL OF PAYABLES _____ HOW LONG IN BUSINESS _____

CONTACT _____ POSITION _____

BANK _____ BRANCH _____

ACCOUNT # _____ ACCOUNT MANAGER _____

BRANCH TELEPHONE (_____) _____ BRANCH FAX (_____) _____

CREDIT AMOUNT REQUIRED _____ PRINCIPAL SIGNITURE _____

_____ +++++ _____ +++++ _____ +++++ _____ +++++ _____ +++++ _____ +++++ _____ +++++

COMPANY OFFICERS

NAME _____ POSITION _____ TELEPHONE (_____) _____

ACCOUNTS PAYABLE NAME _____ TELEPHONE OR EMAIL _____

REFERENCES (CORRUGATED PREFERABLE)

NAME OF COMPANY _____ CONTACT _____ TEL(_____) _____

NAME OF COMPANY _____ CONTACT _____ TEL(_____) _____ NAME

NAME OF COMPANY _____ CONTACT _____ TEL(_____) _____