



mssales ltd.

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CREDIT APPLICATION		
APPLICANT INFORMATION		
Name or Trade Style:		
Phone	Fax	
Current address:		
City:	State/Prov:	ZIP/Postal Code:
Proprietorship Partnership Corporation (Please circle)	Name or Name of Principals:	
BANK REFERENCE		
Name and Branch:		
Address/City/State:		
Account#:	Officer:	Phone#:
TRADE REFERNCES		
1.Name:	Street:	
City/Prov/Postal:		
Phone:	Fax:	
2.Name:	Street:	
City/Prov/Postal:		
Phone:	Fax:	
3.Name:	Street:	
City/Prov/Postal:		
Phone:	Fax:	

I hereby certify that I hold a valid seller's permit no _____

That I am engaged in the business of selling _____ (attach certificate)

APPLICANT SIGNATURE _____ DATE: _____