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Stratford, ON N5A 2N8
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Fax: 519-272-2431
Email: office@calvinische.ca

APPLICATION FOR CREDIT

Name: _____

Address: _____

City & P/Code: _____

Date of Birth: _____ S.I.N.: _____

Telephone: _____ Cell: _____

Credit Card # _____ Exp _____
Date _____

Bank: _____

Address: _____

City & P/Code: _____

Contact Name: _____

Telephone: _____ Fax: _____

Employer: _____

Address: _____

City & P/Code: _____

Contact Name: _____

Telephone: _____ Fax: _____

I, the applicant, give Calvin Ische Plumbing & Heating Ltd., authorization to obtain a credit report containing credit and/or personal information as deemed necessary at any time in connection with the credit hereby applied for, or any renewal or extension thereof, and to the disclosure of any credit information concerning the applicant to any credit reporting agency, or to any person with whom the applicant has, or proposes to have financial relations.

Signature: _____ Date: _____

Payment Terms: Net 30 days, 3% per month on overdue accounts.
I have read and understand the above payment terms:

Signature: _____ Date: _____