



**CHARLES
FARAM**

1865

CHARLES FARAM BREWING SUPPLIES INC

136 Skyway Ave, Etobicoke, ON, M9W 4Y9

416-907-9343

orders@charlesfaram.ca

www.charlesfaram.com

CREDIT APPLICATION FORM

GENERAL INFORMATION

NAME OF BUSINESS:					
OPERATING SINCE:		TAX ID NUMBER:			
FORM OF OPERATION:		Prioprietorship	Partnership	Corporation	
NAME OF PARENT COMPANY (WHERE APPLICABLE):					
OPERATING SINCE (WHERE DIFFERENT FROM ABOVE):					
BUSINESS ADDRESS:					
CITY:		PROVINCE:		POSTAL CODE:	
NAME OF COMPANY PRINCIPAL RESPONSIBLE FOR BUSINESS TRANSACTIONS:					
TITLE:		E-MAIL:		PHONE:	
CREDIT REQUESTED (\$ CAD):			TERMS REQUESTED (DAYS):		

BANK REFERENCE

INSTITUTION NAME:		PHONE:			
BUSINESS ADDRESS:					
CITY:		PROVINCE:		POSTAL CODE:	
ACCOUNT #:		ACCOUNT #:			

TRADE REFERENCES

COMPANY NAME:		CONTACT:			
E-MAIL:		PHONE:			
BUSINESS ADDRESS:					
CITY:		PROVINCE:		POSTAL CODE:	
ACCOUNT SINCE:		CREDIT LIMIT:		BALANCE:	
COMPANY NAME:		CONTACT:			
E-MAIL:		PHONE:			
BUSINESS ADDRESS:					
CITY:		PROVINCE:		POSTAL CODE:	
ACCOUNT SINCE:		CREDIT LIMIT:		BALANCE:	

This form is confidential and for internal use only.



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I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

APPLICANT SIGNATURE

APPLICANT PRINTED NAME

DATE

Charles Faram Brewing Supplies Inc. hereby agrees to extend the applicant credit on purchases up to a maximum of \$ _____ CAD for a period of ____ days.

BINDING AUTHORITIES SIGNATURE

BINDING AUTHORITIES PRINTED NAME

DATE