



**Seaway Fluid Power Group Ltd.**

11 Cushman Road

St. Catharines, ON

**PH** 905.688.1243

**FX** 905.688.6279

**WATS** 877.302.6283

[www.seawayfluidpowergroup.com](http://www.seawayfluidpowergroup.com)

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**APPLICATION FOR CREDIT**

**DATE:** \_\_\_\_\_

**Company Information**

Legal Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Website: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_

In business since: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

**Company Principles/Owners**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Accounts Payable**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**GST/HST #:** \_\_\_\_\_

Credit Requested: \_\_\_\_\_

**Options**

Invoices – Choose method of receiving:

Mail: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Statements Required: \_\_\_\_\_ Same method as above: \_\_\_\_\_

PO # Required: \_\_\_\_\_



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**Bank Reference**

Name of bank: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Fax: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Transit Number: \_\_\_\_\_

**Trade References**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

5. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

6. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_



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**TERMS OF SALE**

*"I/We understand and agree to your terms of sale of Net 30 Days from date of invoice. I/We certify the company's legal name, as set out above, to be correct, and consent to such credit investigation as is deemed necessary."*

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

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

**AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize you to release any credit information to assist in establishing a line of credit to Seaway Fluid Power Group Ltd.

Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized by: \_\_\_\_\_ Title: \_\_\_\_\_

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

**PLEASE SEND COMPLETED FORMS TO:**

**ATT: MICHELLE COPPELMANS**

**FAX: 1.905.688.6279**

**EMAIL: [accrec@seawayfluidpowergroup.com](mailto:accrec@seawayfluidpowergroup.com)**