



**B & B DISTRIBUTION LTD:**

4316 Savaryn Drive SW Edmonton, AB T6X-1Z9  
P: (780) 439-3901 TF: 1-800-279-0636 F: (780) 432-1317  
**accountsreceivable@bbelectronics.ca**

**APPLICATION FOR CREDIT**

Name of Company: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Trade Name: \_\_\_\_\_ P.O. Required: \_\_\_\_\_

Billing Address: \_\_\_\_\_ AP Email: \_\_\_\_\_

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

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

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

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

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

Limited Co.     Partnership     Sole Owner

Date business started with present ownership:    Day: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Estimated Annual Sales: \_\_\_\_\_ Sales Area: \_\_\_\_\_

Do You:  RENT     OWN    Landlord: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Names of Officers/Owners                      Title                      Address                      Phone Number

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Principal Suppliers**

Name                                      Phone Number                                      Fax Number                                      Years

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Bank Reference**

Name                                      Address                                      Account Number                                      Contact

\_\_\_\_\_

