



Loudon Bros. Limited

P.O. BOX 10224
THUNDER BAY, ON
P7B 6T7

PHONE: (807) 623-5458

FAX: (807) 623-0751

TOLL FREE: 1-888-841-5556

Order Online @ www.loudons.on.ca

Credit Application

DATE: _____

Business Information

***BILLING NAME: _____

BILLING ADDRESS: _____

BILLING PHONE #: _____ BILLING FAX #: _____

CITY: _____ POSTAL CODE: _____

***SHIPPING NAME: _____

SHIPPING ADDRESS: _____

SHIPPING PHONE #: _____ SHIPPING FAX #: _____

CITY: _____ POSTAL CODE: _____

Personal Information

NAME OF OWNER / PRINCIPAL: _____

HOME ADDRESS: _____ HOME PHONE #: _____

NAME OF MANAGER: _____

ACCOUNTS PAYABLE CLERK: _____

RETAIL SALES TAX NUMBER: _____

NAME & ADDRESS OF BANK: _____

please continue on reverse... ▶▶▶



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Credit References

NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE: ____ - _____

NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE: ____ - _____

NAME: _____

ADDRESS: _____

CONTACT: _____

PHONE: ____ - _____

IN CONSIDERATION OF THE SUPPLY BY LOUDON BROS. LTD. OF GOODS TO THE CUSTOMER, THE ABOVE MENTIONED OWNER(S) HEREBY PERSONALLY GUARANTEE(S) THE DUE PAYMENT BY THE CUSTOMER OF ALL MONIES OWING TO LOUDON BROS. LTD.

THE UNDERSIGNED CONSENTS TO THE OBTAINING OF CREDIT AND/OR PERSONAL INFORMATION AS MAY BE REQUIRED AT ANY TIME IN CONNECTION WITH THE CREDIT HEREBY APPLIED FOR OR ANY RENEWAL OR EXTENTION THEREOF AND TO THE DISCLOSURE OF ANY CREDIT INFORMATION CONCERNING THE UNDERSIGNED TO ANT CREDIT REPORTING AGENCY OR TO ANY PERSON WITH WHOM THE UNDERSIGNED HAS PR PROPOSES TO HAVE FINANCIAL RELATIONS.

OWNER'S SIGNATURE: _____ **DATE:** _____

sign here

 print name here