



Canadian Head Office

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CUSTOMER / CREDIT APPLICATION

(Please return via email/fax)

Tradename: _____

Billing Address: _____

Telephone No. _____ Fax No. _____

Email: _____

Email(s) for Invoices/Statements: (1) _____

(2) _____

Shipping Address: _____

Date of Business Comenced: _____ Provincial Tax: _____

No. of Employees: _____ Type of Business: _____

BANKING DETAILS: (NAME, ADDRESS AND TELEPHONE NUMBER, CONTACT)

FULL NAME AND ADDRESS OF OWNERS, PARTNERS, ETC.

1. _____

2. _____

3. _____

TRADE REFERENCES: NAME ADDRESS TELEPHONE FAX NUMBER

1. _____

2. _____

3. _____

4. _____

Estimated credit required at time of application \$ _____

By applicant: _____ Signed: _____

Title: _____ Date: _____

INTERNAL USE ONLY:

CUST DISC GROUP:

WINE/BREWING/DISTILLING/CIDER/JUICE/RESELLER

SALESPERSON:

MARKS/BOSS/PELLETIER/SOMERVILLE/HOUSE