

CONFIDENTIAL CREDIT APPLICATION



Aubin Nurseries Ltd.  
P.O. Box 1089, Carman, MB R0G 0J0  
Toll Free Fax: 1-866-623-6187  
[cyndie@aubinnurseries.ca](mailto:cyndie@aubinnurseries.ca)  
[www.aubinnurseries.ca](http://www.aubinnurseries.ca)

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

email address: \_\_\_\_\_ accounts payable email: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Amount of Credit Requested: \_\_\_\_\_

Check one of the following: Corporation  Partnership  Sole Proprietor

Retail Sales Tax #: \_\_\_\_\_ Federal ID / Social Security #: \_\_\_\_\_  
*(US. Customers only)*

List of names and addresses of Offices or Partners:

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_

Trade References: (Please supply complete information)

#1 Firm Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#2 Firm Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#3 Firm Name: \_\_\_\_\_  
Complete Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Financial Institution Information: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Account: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I (We) agree to abide by the terms and conditions as set out in the catalogue. I (We) authorize Aubin Nurseries Ltd. to conduct a Credit Check and authorize my (our) reference to divulge information to Aubin Nurseries Ltd. It is agreed that this information will be kept strictly confidential.

Authorized Signature(s): \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Credit application MUST be completed in full (at least one month prior to shipping) or a delay could occur in the delivery of your order.