



The Printing Press Inc.  
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Scarborough, ON  
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## Credit Application

Sales Rep: \_\_\_\_\_

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

### Creditor's Information

Legal Name:		
Address:		Web Site:
City:	Province:	Postal Code:
Type of Business:		Time in Business:
Contact:	Tel: ( )	Fax: ( )

### Guarantor or Principal's Information

Name:		Date of Birth:
Res. Tel: ( )	Sin:	Annual Income:
Address:		Postal Code:
How Long:	Own <input type="checkbox"/> Rent <input type="checkbox"/>	Est. Mkt. Value:
Mortgages:		Held by:
Monthly Rent/Mtg Pmt:		Employer:
Employer Tel: ( )	Job Title:	How Long:
Employer Fax: ( )	Credit Cards #	Visa <input type="checkbox"/> M/C <input type="checkbox"/> Amex <input type="checkbox"/>

BY SIGNING BELOW, I CONSENT TO THE PRINTING PRESS INC. OBTAINING FROM ANY CREDIT REPORTING AGENCY OR CREDIT GRANTOR SUCH INFORMATION AS IT MAY REQUIRE AND CONSENT TO THE DISCLOSURE AT ANYTIME OF ANY INFORMATION CONCERNING THE UNDERSIGNED TO ANY CREDIT REPORTING AGENCY OR TO ANY CREDIT GRANTOR WITH WHOM THE UNDERSIGNED HAS FINANCIAL RELATIONS.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

### Banking Information

Bank Name:	Branch:	How Long?
Tel:( )	Acct.#	Contact:

### Present Trade Suppliers

Name:	Tel:( )
Full Address	
Name:	Tel:( )
Full Address	