



www.phantomcables.com

Credit Application Form

Please complete and fax to 905-477-4454 Attn: Acct. Dept.

www.phantomcables.com
6-401 Bentley St.
Markham, ON. L3R 9T2

Tel: 905-477-4433 Toll Free: 1-866-207-6442
Fax: 905-477-4454
Email: info@phantomcables.com

Company Information:

Operating Name: _____ Date Established: _____
Legal Name: _____ Telephone: _____
Bill to Address: _____
City: _____ State/Province: _____
Zip/Postal Code: _____ Country: _____

Company Principal(s):

Name: _____ Title: _____
Telephone & Ext: _____ E-mail: _____
Name: _____ Title: _____
Telephone & Ext: _____ E-mail: _____

Authorized Purchasing Agent:

Name: _____ Title: _____
Telephone: _____ Ext: _____
Fax: _____ E-mail: _____

Accounts Payable Contact:

Name: _____ Title: _____
Telephone: _____ Ext: _____
Fax: _____ E-mail: _____

Corporation: Partnership: Sole Proprietorship:

Has the company ever declared bankruptcy: Yes No If yes, when: _____

Annual Sales Volume: _____

Amount of Credit Requested: _____ Terms: _____



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Banking Information:

Bank Name: _____
Branch: _____
Address: _____
Bank Officer's Name: _____

Account Type: _____
Account #: _____
Telephone: _____
Fax: _____

Trade References:

1. Company Name: _____
Contact Name: _____

2. Company Name: _____
Contact Name: _____

3. Company Name: _____
Contact Name: _____

4. Company Name: _____
Contact Name: _____

Telephone: _____
Fax: _____

Telephone: _____
Fax: _____

Telephone: _____
Fax: _____

Telephone: _____
Fax: _____

I certify the above information is complete and accurate. I authorize Infinite Cables Inc. to contact our references and verify credit info. If extended credit I agree to pay within the terms set out on the invoice(s).
I have read, understood, and agree to the above:

Name: _____
Signature: _____

Title: _____
Date: _____