



**BRTB Canada Inc.**  
 45 Riviera Dr., #4  
 Markham, Ontario, L3R 5J6  
 Toll Free: 1-800-518-BRTB  
 Tel: 905-475-8903  
 Fax: 905-475-0157

# CREDIT APPLICATION

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV. \_\_\_\_\_ ZIP/POST CODE: \_\_\_\_\_

TEL: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ OTHER: (    ) \_\_\_\_\_

WEBSITE: \_\_\_\_\_ COMPANY EMAIL: \_\_\_\_\_

SHIPPING ADDRESS (If different than above):

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE/PROV. \_\_\_\_\_ ZIP/POST CODE: \_\_\_\_\_

TEL: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_ OTHER: (    ) \_\_\_\_\_

CDN CUSTOMERS: PST # \_\_\_\_\_ US CUSTOMERS: FEDERAL ID # \_\_\_\_\_

BUSINESS HISTORY: ESTABLISHED (MM/YY): \_\_\_\_ / \_\_\_\_ PROPRIETORSHIP: Y / N

DOING BUSINESS AS (circle all that apply):

MI / Pro Audio / Consumer / Video / Lighting / Installer / Other: \_\_\_\_\_

WHERE DID YOU HEAR ABOUT BRTB?

TRADE SHOW ( ) ADVERTISING ( ) NEWSPAPER ( ) INTERNET ( ) OTHER ( ) \_\_\_\_\_

OFFICERS / PRINCIPALS:

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ EMAIL: \_\_\_\_\_



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BANKING INFO:

BANK NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

MANAGER: \_\_\_\_\_

AMOUNT REQUESTED? \$ \_\_\_\_\_

REFERENCES:

Company:	Tel No.	Fax No. (Required)
1. _____	( ) _____	( ) _____
2. _____	( ) _____	( ) _____
3. _____	( ) _____	( ) _____
4. _____	( ) _____	( ) _____
5. _____	( ) _____	( ) _____

Please provide at least three references if possible.

Authorization:

I, \_\_\_\_\_ (print name) hereby give BRTB authorization to proceed with this credit check.

Signature: \_\_\_\_\_

All information contained herein is strictly for BRTB internal use and will be kept confidential.

THIS SECTION IS FOR OFFICE USE ONLY

APPROVED ( ) YES ( ) NO - AMOUNT \$ \_\_\_\_\_ DATE: \_\_\_\_\_