



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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CREDIT APPLICATION

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: _____