



BB DISTRIBUTION

4316 Savaryn Drive SW Edmonton, AB T6X-1Z9
P: (780) 439-3901 TF: 1-800-279-0636 F: (780) 432-1317
ar@BBHoldco.ca

APPLICATION FOR CREDIT

Name of Company: _____ Type of Business: _____

Trade Name: _____ P.O. Required: _____

Billing Address: _____ AP Email: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Shipping Address: _____

Main Contact Name: _____ Phone: _____ Email: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

Limited Co. Partnership Sole Owner

Date business started with present ownership: Day: _____ Month: _____ Year: _____

Number of Employees: _____ Estimated Annual Sales: _____ Sales Area: _____

Do You: RENT OWN Landlord: _____ Phone Number: _____

<u>Names of Officers/Owners</u>	<u>Title</u>	<u>Address</u>	<u>Phone Number</u>
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1. _____

2. _____

Principal Suppliers

Name	Phone Number	Email or Fax Number	Years
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1. _____

2. _____

3. _____

Bank Reference

Name	Address	Account Number	Contact
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