

COGHLAN'S® Credit Application

Company Information

Full Legal Name: _____

Operating as (if different from above): _____

Address: _____ City: _____ State/Prov: _____ Zip/Postal: _____

Telephone: _____ Fax: _____

E-mail: _____ Sales Tax #: _____

Type of Business

Individual _____ Partnership _____ Corporation _____ Other _____

Nature of Business

Distributor _____ Retailer _____ Other _____

Bank Information

Main Product: _____

Name of Bank: _____

Credit Limit Requested: _____

Address: _____

No. of Employees: _____

City: _____ State/Prov: _____

Years in Business: _____

Zip/Postal: _____

AP Contact: _____ AP Phone #: _____ AP Email Address: _____

Trade References You must list at least 4 references for Coghlan's to process the application. (Preferred contact method is email.)

Name: _____

Name: _____

Address: _____ City: _____

Address: _____ City: _____

State/Prov: _____ Zip/Postal: _____ Phone: _____

State/Prov: _____ Zip/Postal: _____ Phone: _____

Fax: _____ Email: _____

Fax: _____ Email: _____

Name: _____

Name: _____

Address: _____ City: _____

Address: _____ City: _____

State/Prov: _____ Zip/Postal: _____ Phone: _____

State/Prov: _____ Zip/Postal: _____ Phone: _____

Fax: _____ Email: _____

Fax: _____ Email: _____

Name of Principle(s): _____

DUNS#: _____

_____ For OPEN ACCOUNT CREDIT LIMIT _____

_____ This Application is for information purposes only, we will pay by Visa, Mastercard, American Express or cheque in advance

I hereby apply to Coghlan's Ltd. for a credit account. I warrant that the information shown here is true. I hereby authorize the person or firm to whom this application is made to investigate the references/information given in this application.

Date: _____ Signature: _____ Title: _____

121 Irene Street., Winnipeg, Manitoba, Canada R3T 4C7 Ph: (204) 284-9550 Fax: (204) 475-4127

Email: accountsreceivable@coghlan.com

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