



973 Barton St. E., Hamilton, ON L8L 3C4 800-263-8610
4-220 Spring Valley Rd., Kitchener, ON N2H 5X8 855-744-2636
www.thecleaninghouse.com

Credit Application Form

General Information

Company _____ Accounts payable: _____
Address _____ Phone # _____
_____ Fax # _____
_____ Email _____
Type of business _____ Since _____
_____ HST # _____

Owner(s) _____ Phone # _____
Address _____

Trade References Name, address, contact person, telephone and **FAX (very important)**

1. _____

2. _____

3. _____

Bank

Name _____ Contact _____
Address _____ Account _____
_____ Phone # _____
_____ Fax # _____

The undersigned authorizes Hamel, The Cleaning House Ltd. to check references and credit information with Equifax and or Transunion for the purpose of establishing credit to your company. Credit terms are 30 days from date of invoice. Signatory takes full responsibility for all incurred debt, on behalf of applicant.

PLEASE SEND BACK TO: receivables@thecleaninghouse.com, fax 905-547-1984 or by mail.

Date _____ Signature _____ Name / Title _____

OFFICE USE ONLY

Processed by: _____ Date: _____ Sales Rep: _____