



HAMILTON - 973 Barton Street East | 1.800.263.8610
KITCHENER - 842 Victoria Street North | 1.855.744.2636
www.thecleaninghouse.com

Credit Application Form

General Information

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

Preferred form of communication: phone or email (please circle)

Owner(s) _____ Phone # _____
Address _____

Referred By (Company Name) _____

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: _____