



**STAGEFAB**  
CUSTOM MANUFACTURING INC.

## CREDIT APPLICATION FORM

201-7475 Hedley Avenue, Burnaby, BC V5E 2R1  
Tel: 604-432-1051 Fax: 604-432-1054  
Toll Free: 1-866-432-1051 www.stagefab.com

### Company Information

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Year Established \_\_\_\_\_  
Authorized Purchaser \_\_\_\_\_  
Provincial Sales Tax Number \_\_\_\_\_ Purchase Order Required - Yes \_\_\_ No \_\_\_  
Can receive invoice by email - Yes \_\_\_ No \_\_\_ Email \_\_\_\_\_

### Credit Request

Requested Credit Amount \_\_\_\_\_  
Requested by \_\_\_\_\_

### Business References

Company Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Company Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Contact \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

The undersigned represents that all of the above statements are true and complete and hereby authorize verification of this information

Signed \_\_\_\_\_ By \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_

Once completed, please fax to (604) 432-1054 or email to: info@stagefab.com