



**APPLICATION TO OPEN AN ACCOUNT  
CREDIT APPLICATION IF NECESSARY**

**Office:**

PO Box 9166  
Halifax, NS  
B3K 5M8  
1-800-646-2879 Order Desk  
454-7404 Metro

**Warehouse:**

3660 Strawberry Hill Street  
Halifax, NS  
B3K 5A9  
1-888-253-3133 Fax  
455-5440 Metro Fax

**CONFIDENTIAL**

The information requested is for the express purpose of evaluating credit and assisting you in setting up an account with Nimbus Publishing so as to ensure a good working relationship.

Name of Company: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: (if different from Billing Address) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date Business Established: \_\_\_\_\_ Name of Partners/Owners: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch Address: \_\_\_\_\_

Trade References: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Projected Sales: Current Year \$ \_\_\_\_\_ Last Year \$ \_\_\_\_\_

Credit Limit requested: \$ \_\_\_\_\_ Credit Limit Granted: \_\_\_\_\_

Amount of initial order \$ \_\_\_\_\_ Back Orders Y or N Hold orders to meet minimum Y or N

Contact Person: Accounts: \_\_\_\_\_ Ship VIA : \_\_\_\_\_

Orders: \_\_\_\_\_ Tax Exempt # \_\_\_\_\_

GST # \_\_\_\_\_ Specialization \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Salesperson \_\_\_\_\_

Terms \_\_\_\_\_

Billing Cycle \_\_\_\_\_

Account Set \_\_\_\_\_

Customer Type: \_\_\_\_\_

A, B, C, D, E, Base

Territory: \_\_\_\_\_

Customer # \_\_\_\_\_

Account Type:

Interest? Y/N

Statements? Y/N Tax Status \_\_\_\_\_

Report Group \_\_\_\_\_

Tax Group \_\_\_\_\_

Price List: \_\_\_\_\_