



Power Plus  
Mobility

# Credit Application

Owner's Name		Email	
A/P Supervisor Name		Email	

Company Name	
Street	
City	
Postal Code	
Phone	
Fax	

Please Fax to (905)-614-0435

Previous Address (If Less than Two Years)	
Street	
City	
Postal Code	

PST #	
GST #	

Type of Business	
Duration of Business	
Tax Number	

Banking Information	
Bank Name	
Street	
City	
Postal Code	
Contact Name	
Phone	

Credit References			
Name	Address	Phone	Fax