

## CREDIT APPLICATION

### APPLICANT INFORMATION

Company Name:		
Address:		
City:	Province:	Postal Code:
Phone: (    )	Fax: (    )	
Accounts Payable Contact:		Phone: (    )
Accounts Payable Email Address:		Online User Email:
P.O. required? Yes____ No____	Account Requested: Cash____ Charge____	Credit Limit Requested: \$_____

### SHIPPING ADDRESS (IF DIFFERENT FROM ABOVE)

Address:		
City:	Province:	Postal Code:
Phone: (    )	Fax: (    )	
Address:		
City:	Province:	Postal Code:
Phone: (    )	Fax: (    )	

### TYPE OF BUSINESS

CHECK ONE	Sole Proprietorship:_____	Partnership:_____	Corporation:_____
Nature of Business:		Years in Business:	
City:	Province:	Postal Code:	
Do You Pay HST/PST? Yes _____	No _____	PST Exempt No: _____	

### OWNERS OR OFFICERS

NAME	TITLE

### BANKING INFORMATION

Name of Bank:	Account #:	
Address:		
City:	Province:	Postal Code:
Phone: (    )	Fax: (    )	

### CREDIT REFERENCES (MAJOR SUPPLIERS – MINIMUM 3 REQUIRED)

\*Due to the high volume of applications, we do not call references\*

Name	Address	FAX NUMBER	and/or	EMAIL ADDRESS
		(    )		
		(    )		
		(    )		
		(    )		

Should a charge account be opened, I/we hereby agree to pay invoices within 30 days of invoice date and pay at a rate of 2% per month (24% per Annum) on accounts older than 90 days. N.S.F Cheques will be subject to a \$40 N.S.F. charge.

I, as an authorized representative of the company listed above, agree to the above terms and conditions.

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

Title: \_\_\_\_\_