



APPLICATION FOR CREDIT

Registered Company Name: _____

Mailing Address: _____ Postal Code: _____

Delivery Address: _____ Phone Number: _____

Corporation

Partnership

Proprietorship

Company Directors / Partners / Proprietor:

Name: _____ Name: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Type of Business: _____

Established or Incorporated when: _____

Financial Institution: _____

Address: _____

Phone: _____ Contact: _____

VISA No.: _____ Expiry: _____

M/C No.: _____ Expiry: _____

Credit References

1. _____ Address: _____

2. _____ Address: _____

3. _____ Address: _____

Terms: Accounts are due and payable by the 20th of the month. Overdue accounts are subject to interest at 2% per month (24% per annum). The undersigned authorizes the creditor to charge the amount owing on all accounts past due over 60 days to the above VISA or MasterCard account number as a cash advance under the cardholder agreement.

I/We, the undersigned, hereby confirm that the above information, given for the purpose of obtaining credit, is true and correct, and that all payments will be made on their due date in accordance with the terms of sale outlined above. I/We understand that failure on my/our part to comply with these terms may result in cancellation of credit privileges and/or appropriate collection action being taken against me/us.

Date: _____ Signature _____

Title: _____

Witness: _____ Signature _____

Title: _____

OFFICE USE ONLY

Accepted

Rejected

Credit Limit \$ _____ Acct. No. _____