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ACCOUNT AGREEMENT / CREDIT APPLICATION

OPERATING NAME				DATE
CORPORATE NAME				BUSINESS PHONE
MAIL ADDRESS				BUSINESS FAX
SHIPPING ADDRESS				E-MAIL
<input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	DATE BUSINESS ESTABLISHED	PROV TAX #:	FRANCHISE/BUYING GROUP	PREFERRED FREIGHT METHOD <input type="checkbox"/> U.P.S. <input type="checkbox"/> PUROLATOR <input type="checkbox"/> POST <input type="checkbox"/> CHEAPEST
DESCRIPTION OF BUSINESS ACTIVITIES				
PRINCIPALS				
NAME		TITLE	RESIDENTIAL ADDRESS	RESIDENTIAL PHONE
NAME		TITLE	RESIDENTIAL ADDRESS	RESIDENTIAL PHONE
TYPE OF ACCOUNT REQUESTED				
<input type="checkbox"/> C.C.C. (CASH, CERTIFIED CHEQUE OF MONEY ORDER)		<input type="checkbox"/> C.O.D. (COMPANY CHEQUE)		PERSON RESPONSIBLE FOR ACCOUNT PAYMENT:
<input type="checkbox"/> VISA (PLEASE COMPLETE VISA AUTHORIZATION FORM)		<input type="checkbox"/> NET - 30 DAYS		
BANK REFERENCES				
NAME	BRANCH ADDRESS	ACCOUNT #	PHONE	FAX
CONTACT				
TRADE REFERENCES				
COMPANY NAME			PHONE	FAX
COMPANY NAME			PHONE	FAX
COMPANY NAME			PHONE	FAX

ALL ORDERS WILL BE PROCESSED AS C.C.C. (CASH OR CERTIFIED CHEQUE OR MONEY ORDER), UNLESS OTHERWISE REQUESTED AND APPROVED.

I (WE) HAVE SUBMITTED THIS APPLICATION REQUESTING CREDIT, AND CERTIFY THAT ALL STATEMENTS CONTAINED THEREIN ARE TRUE AND CORRECT. I (WE) AGREE THAT CREDIT INQUIRIES MAY BE MADE, AND AUTHORIZE RELEASE OF SUCH INFORMATION TO YOU. I (WE) UNDERSTAND AND AGREE THAT ANY CREDIT GRANTED SHALL BE PAID PROMPTLY IN ACCORDANCE WITH SAID TERMS AND AGREEMENT. I (WE) ALSO AGREE, IN THE EVENT OF DEFAULT, TO PAY REASONABLE INTEREST, COLLECTION CHARGES, ATTORNEY FEES AND COURT COSTS WHERE APPLICABLE.

OWNERSHIP OF PRODUCT: UNLESS OTHERWISE AGREED TO IN WRITING, THE SUPPLIER RETAINS OWNERSHIP (SECURITY INTEREST) OF ALL MERCHANDISE SHIPPED UNTIL PAID FOR IN FULL BY THE APPLICANT.

 APPLICANT SIGNATURE

OFFICE USE ONLY
SUBMITTED BY: _____
ACCOUNT #: _____
COMMENTS: _____ _____
APPROVED: <input type="checkbox"/> C.C.C. <input type="checkbox"/> C.O.D. <input type="checkbox"/> VISA <input type="checkbox"/> P.D.C. <input type="checkbox"/> NET-30 CREDIT LIMIT: \$ _____
COMMENTS: _____ _____
SIGNATURE: _____
DATE: _____