



Application for Credit

P.O Box 414 Orillia, ON. L3V 6J8

Phone: 705-325-1345

Fax: 705-325-2644

Legal Name: _____
Address _____ Postal Code _____
Phone #: (____) _____ Fax #: (____) _____ Email: _____
Credit Requested _____ S. I. N # _____

Bank: _____ Address: _____
Account #: _____ Contact: _____ Phone#: (____) _____

Credit References (must be credit not personal references):		
Name	Address	Phone#
1. _____	_____	(____) _____
2. _____	_____	(____) _____
3. _____	_____	(____) _____

Terms of Payment:

Should credit be approved, I hereby promise to pay the balance due by the last day of the month following the invoice date. Failure to do so may result in the suspension of further manufacture, delivery or shipment of all or any goods until payment is received. I agree to pay a service charge of 2.0% per month (24% per annum) on any overdue balance.

I consent to the obtaining of credit or personal information or both as may be required at any time in connection with the credit hereby applied for or renewal or extension or collection thereof and to the disclosure of any information concerning the undersigned to any credit reporting agency or to any person with who the undersigned has or proposed to have financial relations.

I certify that the information on this application is true. If this application is accepted, I hereby agree to maintain the account within approved limits according to the terms above.

Dated _____

Signature _____

Witness (Print Name) _____

Witness (Signature) _____