

15/11/2002



Please complete this form in full and fax to (905) 264-1175

Application for Credit.

Legal Company Name: _____
Business/Trade Name: _____
Address: _____

Date: _____

Telephone: () _____ Fax: () _____

Year Business Started: _____

Legal Status: Incorporated Partnership Sole Proprietorship

Premises: Owned Leased - Landlord's Name: _____

Telephone: () _____

PST#: _____ GST#: _____

Principals and or Officers of Company:

Name	Title	Home Address	Telephone
1. _____	_____	_____	() _____
2. _____	_____	_____	() _____
3. _____	_____	_____	() _____

Accounts Payable Contact: _____ Telephone: () _____

Bank: _____ Account#: _____ Telephone: () _____

Branch: _____ City: _____ Fax: _____

Suppliers/Trade References:

Name: _____ Monthly Purchases: _____

Address: _____

Telephone: () _____ Fax: () _____

Name: _____ Monthly Purchases: _____

Address: _____

Telephone: () _____ Fax: () _____

Name: _____ Monthly Purchases: _____

Address: _____

Telephone: () _____ Fax: () _____

****LINE OF CREDIT REQUESTED: \$ _____

Upon acceptance of this application for credit in the amount required I/WE agree to:

1. The Terms of Sale are Net 30 Days, with a charge of 2% interest per month (24% per annum) on overdue accounts.
2. Personally guarantee payment of any monies owing from the extension of this line of credit.
3. Make additional payments of any further charges arising from the collection of any amounts which become delinquent.

Signature: _____ Name: _____ Title: _____

Signature: _____ Name: _____ Title: _____

Date: _____