



328 Erie Street South, Leamington, Ontario N8H 3C9  
Tel.: (519) 326-5656 Fax: (519) 326-0891

# CREDIT APPLICATION

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

## General Information

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Bank Tel: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Date Business Established: \_\_\_\_\_

Incorporation Date: \_\_\_\_\_ Credit Required: \_\_\_\_\_

Nature of Your Business: \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Tel: \_\_\_\_\_

Legal Composition      Sole Proprietorship      Partnership      Corporation

Principal Suppliers ( *Business Names, Addresses, Telephone and Contact Name* )

- 1.) \_\_\_\_\_
- 2.) \_\_\_\_\_
- 3.) \_\_\_\_\_

*List Full Name, Address & Titles of all Officers, Partners or Owners*

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Residence: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Residence: \_\_\_\_\_

H.S.T # \_\_\_\_\_ Tax:# \_\_\_\_\_

I / We hereby acknowledge and agree to the following conditions of payment: Payment terms to buyers of approved credit are: NET 30 DAYS FROM DATE OF INVOICE. DELINQUENT INVOICES ARE SUBJECT TO A SERVICE CHARGE OF TWO PERCENT (2%) PER MONTH FROM THE DATE OF THE INVOICE. (24% per annum) UNTIL ACCOUNT IS PAID IN FULL

I/We agree to pay all costs incurred in collection of outstanding amounts due. Permission is hereby granted to Electrical Wholesale Supply to verify credit inquiries as deemed necessary to make a credit determination

Dated at: \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Name/Title \_\_\_\_\_ Name/Title \_\_\_\_\_

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

This Contract Must Be Signed By the Owners and/or Officers of the Company and The Corporate Seal Affixed if Applicable