



3230 Jefferson Blvd.
Windsor, ON., N8T 2W8
TEL. 519 – 735 7273
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CREDIT APPLICATION

FIRM NAME: _____

STREET: _____

CITY: _____ PROVINCE: _____

POSTAL CODE: _____

PHONE: _____ FAX: _____

CONTACT NAME: _____

DESCRIPTION OR NATURE OF BUSINESS: _____

COMPANY BANKING FACILITY: _____

ADDRESS: _____

MANAGER'S NAME: _____

GIVE THREE REFERENCES WHERE YOU HAVE ESTABLISHED CREDIT
FIRM CONTACT PHONE

OUR TERMS ARE NET 30 DAYS. WILL YOU AGREE TO THESE TERMS?
YES _____ NO _____

PLEASE EXPLAIN IF NO WAS MARKED: _____

ALL SHIPMENTS SENT OUT COLLECT AND NOT PAID IN 30 DAYS BY THE CONSIGNEE SHALL BE CHARGED BACK TO YOUR ACCOUNT FOR PAYMENT. ON DEFAULT THE CUSTOMER AND ANY GUARANTORS OF THE DEBTS TO BE INCURRED AGREE THAT THE LAWYER'S COSTS OF RECOVERING THE DEBT ARE ALSO PAYABLE ON A SOLICITOR AND HIS OWN CLIENT BASIS.

SIGNATURE: _____ PRINT NAME: _____

DATE: _____