



CREDIT APPLICATION

P.O. Box 45, Petersburg, ON N0B 2H0 Phone: 519-500-8146

Invoice to:

Company Name: _____

Delivery Project/Location: _____

Legal Name: _____

Address: _____

Type of Business: _____

City: _____ Postal Code: _____

Year Established: _____

Sales Contact: _____

Email: _____

Phone #: _____ Ext. _____

Fax: _____

Business Type: Corporation () Partnership () Proprietorship ()

Web Site: _____

Payables Contact: _____

Email: _____

Phone #: _____ Ext. _____

Fax: _____

Names of Principal (s), Partner(s) or Proprietors

Name: _____ S.I.N./Birth date: _____

Home Address: _____ City: _____ Phone: _____

Name: _____ S.I.N./Birth date: _____

Home Address: _____ City: _____ Phone: _____

We authorize the bank listed to release the requested information for the purpose of obtaining an open line of credit.

Bank: _____ Contact: _____

Address: _____ Telephone: _____ Fax: _____

City: _____ Account #: _____

Trade References:

Name	Address/City	Telephone/Fax
_____	_____	_____
_____	_____	_____
_____	_____	_____

Previous Suppliers: _____

Credit Card # _____ / _____ / _____ / _____ VVN # _____ Expiry Date: ____/____

PAYMENT DUE WITHIN 30 DAYS OF INVOICE OR DELIVERY DATE

The undersigned authorizes you to obtain from or disclose any information pertaining to the credit standing of the company or related affiliations or principals and further authorizes the right of offset against any accounts due from your related companies. The undersigned authorizes you to charge outstanding balance to the above noted credit card if not paid within specified terms and/or as requested by the client. Accounts not paid by due date are subject to an interest charge from date of maturity at the rate of 1.5% per month (19.56% per annum) as shown on invoices

Client Signature: _____
Authorized Signing Officer

Date: _____

Client Name (print): _____

Credit Line desired: \$ _____

Title: _____

Sales # _____ Mgr: _____

Terms and Conditions

1. Terms of sale are **30 days from date of delivery/invoice**. Agents or representatives of (credit grantor) are not authorized to change or adjust credit terms without written authorization of the Credit Manager or President.
2. Accounts not paid by due date are subject to an interest charge from date of maturity at the rate of 1.5% per month (19.56% per annum) as shown on invoices.
3. All claims against invoices must be made within 30 days after receipt of goods. Goods may not be returned without prior authorization of (credit grantor).
4. Goods/merchandise authorized for return will be subject to a minimum 15% restocking charge.
5. NSF cheques will be subject to a \$ 50.00 charge.
6. Failure to comply with these Terms and Conditions may result in cancellation of credit privileges without notice. In the event of any default, the (credit grantor) may (a) close the account and/or (b) accelerate payment of the full balance (c) assign the account to an agent or other authorized representative.
7. Applicant agrees to bear all costs incurred in collecting any unpaid amounts including but not limited to collection suit fees, legal fees and court costs.
8. The information given in this Application and agreement is warranted to be true and correct and given for the purpose of obtaining credit.
9. The applicant consents to the obtaining of credit and/or personal information as may be required in connection with the credit line hereby applied for or any renewal or extension thereof and to the disclosure of any trade information concerning the applicant to any credit reporting agency or to any person with whom the applicant has or proposes to have financial relations.
10. Upon determination that the customer's creditworthiness has changed adversely or does not satisfy current credit standards, (credit grantor) may close or lower the credit limit of the account.

Client's Initials

PLEASE SEND COMPLETED FORMS TO bill@summitagg.com OR FAX 519-634-9021

