



SERVICE AT ITS HIGHEST LEVEL

### CREDIT APPLICATION

#### General Information

Legal Company Name: \_\_\_\_\_

Affiliate Company Name (if any): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_

Postal Code \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Tel (if different) \_\_\_\_\_

**PLEASE NOTE THAT OUR TERMS OF SALE ARE 30 DAYS**

#### Company Owner(s) – Principals

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Prov \_\_\_\_\_

Postal Code \_\_\_\_\_ E-Mail \_\_\_\_\_

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

#### Business Information

Type of Ownership \_ Individual \_ Partnership \_ Corporation

Type of Business: \_\_\_\_\_

# years in Business \_\_\_\_\_

Person(s) Authorized to Purchase:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Credit Requested \$** \_\_\_\_\_

#### Bank Information

Name of Bank \_\_\_\_\_ Transit \_\_\_\_\_ Account Number \_\_\_\_\_

Address \_\_\_\_\_ Account Manager \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_ Assignment of accounts receivable \_\_ yes \_\_ no

#### Trade References

	City	Phone	Fax
1.			
2.			
3.			
4.			

#### Application must be completed in its entirety to facilitate processing

- We/I make this application for a charge account and give \_\_\_\_\_ authorization to obtain and report Business information and Personal credit information on the principals of this company including detailed bank reports through the services of Groupecho Canada. for the purpose of opening this account and monitoring it for this business relationship.
- We/I authorize the exchange of business and personal information on an ongoing basis with credit bureaus and trade suppliers in order to protect and ensure the completeness of the information and to maintain the integrity of the credit granting system.
- We/I authorize the co-operation with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect both parties from fraudulent transactions.
- We/I authorize the disclosure of business and personal information where necessary to protect your interests, and ours.
- We/I accept the 30-day payment policy.

Applicants Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Terms

Credit Limit Recommended: \$ \_\_\_\_\_ Authorized by: \_\_\_\_\_ Credit Limit Approved \$ \_\_\_\_\_

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