



CREDIT APPLICATION

Legal Business Name: _____

Address: _____

Telephone: _____ Fax #: _____

Shipping address (if different from above): _____

Number of years in business: _____ At this location: _____

Accounts payable contact: _____ Telephone #: _____

Bank: _____ Account Executive: _____ Telephone: _____

Bank address: _____

Account #: _____

THREE TRADE REFERENCES:

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

Name: _____ Address: _____ Telephone: _____

NAME AND ADDRESS OF TWO OWNERS / MAJOR STOCK HOLDERS

Name: _____ Address: _____ Title: _____ % of Ownership: _____

Name: _____ Address: _____ Title: _____ % of Ownership: _____

We the applicant(s) certify that the above information is correct and complete until revoked in writing. The undersigned each agree and promise to be personally responsible for all bills, debts, and obligations incurred by the company applying for credit, and promise to pay attorney's fees, cost incurred to collect any delinquency, and interest at the rate of 2% per month on overdue accounts. The applicant(s) understand that all accounts not paid within 60 days are automatically put under C.O.D., and sent to collections. This may affect applicants credit rating. All transactions shall be deemed to have taken place in New Rochelle, New York, and are subject to the jurisdiction of the courts of the state of New York. Credit will be refused automatically if this form is not fully completed. Inactive accounts will be deleted automatically after one year.

Equifax : 110 Sheppard Ave. E. North York, ON. Canada, M2N-621

This is to advise that I authorize my bank: _____ Address: _____, to divulge credit rating to Equifax on behalf of the above company.

AUTHORIZED SIGNATURE (S):

X _____, X _____, X _____

Date: ____/____/____ (DD / MM / YY) This information and promise is intended as an inducement to extend credit.