

Sault Ste. Marie, ON

9 Sackville Rd, P6B 4T3
Phone: 705-253-5646
Fax: 705-253-0261



Sudbury, ON

122 Dell Street, P3C 2Y1
Phone: 705-674-4462
Fax: 705-674-0028

CREDIT APPLICATION

Full name of business _____

Billing Address _____

_____ Postal Code _____

Phone No. _____ Fax No. _____ Prov Tax No. _____

Years in business _____ Credit amount required (per month) _____

Type of business _____

Principals (or partners) _____

Title _____

Address _____

Phone No. _____

Bank(s) _____ Acct No. _____

Address _____ Phone No. _____

Has applicant given any assignment of its ACCOUNTS RECEIVABLE, or if a corporate entity, has it granted a debenture of floating charge over its assets? yes no

Particulars _____

TRADE REFERENCES (SUPPLIERS) - 3 required

Phone _____ Fax _____

Phone _____ Fax _____

Phone _____ Fax _____

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I/We hereby authorize NATIONAL SUPPLY CENTRE LTD. to conduct a personal investigation regarding me or us from others.

In consideration of being permitted to make purchases on my/our account with NATIONAL SUPPLY CENTRE LTD., up to a credit limit which may be established by NATIONAL SUPPLY CENTRE LTD., I/we, the customer, hereby agree to the following:

1. Accounts are due and payable on the 25th day of the month following purchase of the goods. NATIONAL SUPPLY CENTRE LTD. retains full legal possession of said goods until such time as payment in full is received.
2. A service charge of 2% per month (28.6% per annum) will apply on the amount of any overdue account from the date such account becomes overdue.
3. At any time NATIONAL SUPPLY CENTRE LTD. shall have the right to refuse further credit.
4. Every statement of account shall be deemed and treated as authorized and correct and as ratified and confirmed by the customer unless NATIONAL SUPPLY CENTRE LTD. receives from the customer written notice to the contrary with 15 days of receipt of such statement forwarded by NATIONAL SUPPLY CENTRE LTD. to the customer.

Dated at Sault Ste. Marie, Ontario this _____ day of _____, 20__

WITNESS

CUSTOMER

Signature _____

Company Name _____

Name _____

Authorized Signature _____

Address _____

Name _____

Address _____