

# CREDIT APPLICATION

Complete in full and fax back to (519) 578-3262

FULL LEGAL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_  
PST#: \_\_\_\_\_ GST#: \_\_\_\_\_

TYPE OF BUSINESS: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietor \_\_\_\_\_ # of Years in Business \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ # of Employees: \_\_\_\_\_

**PRINCIPALS OR OWNERS:**

1. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

2. NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ACCOUNTS PAYABLE NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ EXT: \_\_\_\_\_

BUYER NAME: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ EXT: \_\_\_\_\_

ESTIMATED MONTHLY PURCHASES: \$ \_\_\_\_\_ CREDIT LINE REQUIRED: \$ \_\_\_\_\_

DO YOU REQUIRE PURCHASE ORDERS? \_\_\_\_\_ DO YOU ACCEPT BACKORDERS? \_\_\_\_\_

**BANK REFERENCES:**

NAME OF BANK: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK CONTACT: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_ EXT: \_\_\_\_\_

**PRINCIPAL SUPPLIER REFERENCES:**

1. \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

2. \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

3. \_\_\_\_\_ CITY: \_\_\_\_\_ PHONE # \_\_\_\_\_

FAX # \_\_\_\_\_

**THE UNDERSIGNED HEREBY DECLARES:**

1. That he / she is authorized to request the opening of a charge account with William Knell under the above trade name.
2. That all of the information provided is, in all respects, true and accurate, to the best of his / her knowledge.
3. That William Knell and Company Limited has the authorization to conduct credit investigations of the above company.
4. That he / she will abide by the credit terms of William Knell and Company Limited, which are **NET 30 Days.** Accounts that are 60 days overdue will be placed on credit hold until payment arrangements are made.
5. That he / she will recognize and commit to the payment of interest charges on overdue invoices of 2% per month (24% per year) on all overdue invoices. This rate is subject to bank fluctuation and may be changed without notice.
6. That he / she will recognize and commit to the payment of service charges for returned cheques in the amount of \$25.00 per cheque. Due to fluctuations in bank service charges, this amount is subject to change without notice.

AUTHORIZED SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**William Knell Signature:** \_\_\_\_\_

DATE: \_\_\_\_\_