

APS CANADA 1219 Corporate Drive Burlington, Ontario L7L 5V5 APPLICATION FOR CREDIT AGREEMENT

Name	Phone:	
Address:		
City, Province		
Postal Code		
Business Type:		
In Business Since:	D&B:	
Date of Incorporation		
PRINCIPALS IN COMPANY:		
	Phone:	
ACCOUNTS PAYABLE:		
Name:	Phone:	
BANKING INFORMATION:		
Bank Name:	Phone:	
Address:	Fax:	
City, Province	Bank Acct:	
Postal Code	Contact:	
TRADE REFERENCES:		
Vendor Name:	Phone:	
Address:		
City, Province	Contact:	
Postal Code		
Vendor Name:	Phone:	
Address:	Fax:_	
City, Province	Contact:	
Postal Code		
Vendor Name:	Phone:	
Address:	Fax:	
City, Province	Contact:	
Postal Code		



ESTIMATED LINE OF CREDIT REQUIRED: \$____

The applicant and the signatory for the applicant (applicant) represent and warrant that the information given in this application is true, correct and complete, acknowledge that such information will be relied upon in the granting of credit by APS Canada, and realize that any failure to completely and accurately disclose the information requested will constitute a breach of any agreement, which may be entered in to with APS Canada. The applicant understands that payment terms are net 30 days from date of invoice and agrees to these terms. Applicant further agrees that a service charge of 1-1/2% per month may be charged on all overdue accounts. Applicant hereby authorizes APS Canada to investigate the references listed pertaining to applicant's credit and financial responsibility. Applicant agrees to pay all reasonable costs and expenses, including legal fees incurred by APS Canada, should legal recourse become necessary in collecting any sums owed by applicant to APS Canada.

Name:	
Signature:	
Title:	
Date:	
Name:	
Signature:	
Title:	

Date: