



A Division of 1066259 Ontario Limited

80 Bramwin Court  
 Brampton, Ontario  
 Canada L6T 5G2  
 Telephone – 905-793-6400  
 Facsimile – 905-793-6410  
 Toll Free – 800-563-3664

## APPLICATION FOR CREDIT

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

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

City : \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel. ( ) \_\_\_\_\_ Fax. ( ) \_\_\_\_\_

Principal 's Name : \_\_\_\_\_

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

City : \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Tel. ( ) \_\_\_\_\_ Fax. ( ) \_\_\_\_\_

HEREBY applies for credit in accordance with the terms and conditions of net \_\_\_\_\_ days.

If this account is opened I agree:

1. To pay each invoice within 30 days.
2. To pay attorney's fees in the event that collection efforts become necessary.
3. To provide the following confidential information:

**FINANCE :** Bank \_\_\_\_\_ Account # \_\_\_\_\_ Officer 's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**REFERENCES :**

	Company	Address	Phone	Fax	Contact
1					
2					
3					

I authorize **B.M.S. Enterprises** to check credit and bank references. A faxed copy of this authorization may be accepted as the original. I certify the above information is correct, that I fully understand your credit terms and agree to the proper payment in consideration of extended credit.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_