

## **CREDIT APPLICATION FORM**

PLEASE SUBMIT THE COMPLETED FORM BY EMAIL (sales@cantexdistribution.com) OR FAX (905) 374-8231

### BUSINESS INFORMATION BUSINESS NAME DATE FOUNDED SHIPPING ADDRESS

TYPE OF BUSINESS ESTIMATED ANNUAL SALES <u>BILLING ADDRESS</u>

TELEPHONE FAX TELEPHONE FAX

#### **FINANCIAL INFORMATION**

BANK INSTITUTION BRANCH ADDRESS CONTACT NAME CONTACT TITLE CONTACT EMAIL CONTACT TELEPHONE ACCOUNT NUMBER

#### TRADE REFERENCES (Three Required)

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COMPANY NAME	CONTACT NAME
ADDRESS	CONTACT PHONE
	CONTACT EMAIL
	CONTACT FAX
ACCOUNT OPEN SINCE	CREDIT LIMIT
COMPANY NAME	CONTACT NAME
ADDRESS	CONTACT PHONE
	CONTACT EMAIL
	CONTACT FAX
ACCOUNT OPEN SINCE	CREDIT LIMIT



COMPANY NAME		CONTACT NAME	
ADDRESS		CONTACT PHONE	
		CONTACT EMAIL	
		CONTACT FAX	
ACCOUNT OPEN SINCE		CREDIT LIMIT	

#### The undersigned applicant:

- Agrees all invoices are to be paid 30 days from the date of the invoice.
- Agrees to pay interest on any overdue invoices related to their account
- Agrees to pay all costs incurred to collect outstanding balances, including all legal fees.
- Will Will not submit financial statements, if requested.
- Fully understands and agrees to comply with Cantex's payment terms.
- Understands that a submission of the credit application form does not guarantee credit approval.

# The undersigned applicant certifies that all information submitted herein is complete and accurate and authorizes Cantex to:

- request information about your firm from trade references, your bank, and credit reporting agencies.
- disclose information about your firm to trade references;
- obtain further information about your firm from time to time;
- check the information you have given us from time to time;
- authorize any person we may contact to provide us with such information.

#### CANTEX PAYMENT TERMS: NET 30 UPON CREDIT APPROVAL

DATE

SIGNATURE

NAME

TITLE