



Please complete this form and return by email to [wholesale@mckinwholesale.ca](mailto:wholesale@mckinwholesale.ca). Thank you!

## CREDIT APPLICATION

Name & Billing Address:
Phone:
Fax:
Email:

Shipping Address:
Phone:
Fax:
Email:

Accounts Payable Contact (name/ direct tel# with ext./email):

Principal of Company (name/direct tel #/email):

When invoice becomes due:

Bill on Credit Card

-or- Send Invoice

Credit Card # (Visa/MasterCard only):	Expiry Date:
Name on Credit Card:	Security Code:

*It is the purchaser's responsibility to ensure that the credit card information is kept current. Payments are due 30 days from invoice date; credit card on file will be charged automatically at that time.*

Trade References (only required for customers that are **not** paying on credit card):

1.
2.

PST #:		Exempt #:	
GST #:			

I, the undersigned, am aware and fully understand that our Credit Terms are Net 30 days. Past due accounts are subject to cancellation of credit without notice and interest charges of 2% per month.

Signature

Print Name

Date