

Credit Application

Office Use Only

Approval Signature: _____

Credit Limit Approved: _____

Payment Terms: Due on the 25th of the following month

Company Information

Date: _____ How long in Business: _____

Full name of Business: _____

Trade name (if applicable): _____

Physical address: _____

City/ town: _____ Province: _____ Postal Code: _____

Mailing address (if different from above): _____

Business phone #: _____

☐ Corporation ☐ Proprietorship ☐ Owner Operation ☐ Other

Previous address (if applicable): _____ How long @ previous address: _____

Have the officers of this company ever filed for personal/ corp. bankruptcy (circle)? NO YES When? _____

PST # _____ ☐ Exempt GST # _____ ☐ Exempt

Invoicing & Accounts Payable

Amount of credit requested: \$ _____ per month Purchase orders required? NO YES

Accounts Payable Contact:

Name: _____ Phone: _____

Email address (for invoices/ statements): _____

Officers of the Company

Owner/ President: _____

Home address: _____

Vice President/ Partner: _____

Home address: _____

Banking Information

Name of bank: _____

Account manager: _____

Address: _____

Phone #: _____

Credit References

Company name: _____

Address: _____

City/ town: _____ Province: _____ Postal Code: _____

Email address: _____

Company name: _____

Address: _____

City/ town: _____ Province: _____ Postal Code: _____

Email address: _____

Company name: _____

Address: _____

City/ town: _____ Province: _____ Postal Code: _____

Email address: _____

Terms and Conditions

Payments are due on the 25th of the following month. I/We agree to pay a service charge of 18% per annum (1.5% per month) on any amounts past due.

I/We certify that the above information is true, correct and complete. I/We authorize the Company to contact trade references and banks to obtain credit references. I/We authorize all trade references and banks to disclose to the Company any and all information concerning the financial and credit history of my company and myself.

Applicant Name: _____

Applicant Signature: _____

Title: _____

Date: _____

(Signature also needed on Page 3)

Applicant:

I/We authorize Anseeuw Bros. Ltd. to obtain business and/or personal credit information from credit reporting services as well as the references listed on this application.

Signature: _____ Title: _____

Credit Reference Request for _____ **(business name)**

The below information is strictly confidential and will NOT be shared with the company applying for credit. Please answer the following questions and email back to christina@anseeuwbro.com

Account active since: _____

Terms: _____

Credit limit: _____

Amount currently owing: _____

30-60 days _____

61-90 days _____

Over 90 days _____

Does this company pay within their terms (circle) NO YES

If not, average days to pay: _____

Have they written any NSF cheque (circle) NO YES

How would you classify this account?

☐ Excellent ☐ Good ☐ Fair ☐ Poor

Your name: _____

Position: _____

Company: _____

Email: _____

Phone #: _____

Thank you in advance. Have a nice day!