

# APPLICATION FOR CREDIT

\* Required Information

**THE FASTENER GROUP**



\*FOR WHAT CITY KELOWNA/VERNON

APPLICATION FOR CREDIT: CONFIDENTIAL

KELOWNA Fax: 250-868-9223

VERNON Fax: 604-542-1844

**GENERAL INFORMATION:** For the purpose of obtaining merchandise on credit, the following statement in writing is made by the applicant. All information supplied is true and correct. Application authorizes our company to contact all references given and to inquire as to applicant's credit history. Upon the approval of this application, applicant agrees to abide by the terms and conditions of sale as outlined on our invoices. Applicant further agrees to notify us in writing within five days of any change of ownership, address, telephone or authorized purchasing agent(s).

\*Legal name of Firm: \_\_\_\_\_

\*Name of Parent Company (If Subsidiary): \_\_\_\_\_

Affiliated with \_\_\_\_\_ eMail: \_\_\_\_\_

\*Principle Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\*City: \_\_\_\_\_ Province: \_\_\_\_\_ Code: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Type of Business (Manufacturing, wholesale, retail, service, Other (Specify) \_\_\_\_\_

\*Type of Product Sold: \_\_\_\_\_ Total # Employees: \_\_\_\_\_ Years in Business: \_\_\_\_\_

\*Sales Volume last year: \_\_\_\_\_ Estimated Net Worth \_\_\_\_\_ Est Annual Sales: \_\_\_\_\_

**\*REFERENCES:**

Bank: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Prov: \_\_\_\_\_ Code: \_\_\_\_\_ Phone: \_\_\_\_\_

**TRADE REFERENCES: Three required, four preferred (with fax and phone #'s) Give only those principle suppliers from whom you buy on open account.**

\*Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov \_\_\_\_\_ Code: \_\_\_\_\_

\*Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov \_\_\_\_\_ Code: \_\_\_\_\_

\*Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov \_\_\_\_\_ Code: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov \_\_\_\_\_ Code: \_\_\_\_\_

**\*CREDIT REQUIREMENTS**

State your approximate monthly credit requirements from us: \$ \_\_\_\_\_

Please list all authorized purchasing agents and advise if you require PO #'s: \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

\*The undersigned agrees to the following terms and to pay service charges on overdue accounts.

**TERMS:** Net 30 days from date of invoice. INTEREST; 1.5% per month on outstanding balances (18% per year)

DATE: \_\_\_\_\_ YEAR: \_\_\_\_\_ COMPANY: \_\_\_\_\_

Signature of Owner, Officer or Agent: \_\_\_\_\_ Title: \_\_\_\_\_