

Credit Application Form

Date: _____



99 McCleary Court
Concord, Ontario, L4K 3Z1
Tel: (905)738-5888 Fax:(905) 738-9928

OFFICE USE ONLY

SALES DIVISION:	SALES REP:	CREDIT MANAGER SIGNATURE:
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APPLICANT INFORMATION

LEGAL BUSINESS NAME:	TRADE NAME:		
BILLING ADDRESS	CITY:	PROV:	POSTAL CODE:
PHONE:	MOBILE:	FAX:	
INVOICE TO ADDRESS (IF DIFFERENT FROM ABOVE)	CITY:	PROV:	POSTAL CODE:
NATURE OF BUSINESS:	DATE REGISTERED OR INCORPORATED:		
AP CONTACT:	PHONE:	EMAIL:	
HST #:	FACILITY: <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP	
CREDIT AMOUNT REQUESTED:	ANNUAL SALES:	MONTHLY PURCHASE:	

TRADE REFERENCES: (PLEASE SUPPLY 3 CURRENT TRADING REFERENCES WE MAY CONTACT)

COMPANY NAME 1:	COMPANY NAME 2:	COMPANY NAME 3:
PHONE#	PHONE#	PHONE#

BANK INFORMATION

BANK NAME:	CONTACT:	PHONE:	FAX:
BANK ADDRESS:	ACCOUNT:	TRANSIT:	

OWNERSHIP INFORMATION

List the names of all owners, principals. Attach additional sheets if necessary

LEGAL NAME:	TITLE / POSITION:	LEGAL NAME:	TITLE / POSITION:
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In connection with my/our application for credit, I/We take notice that credit reporting agencies will have access to this application which may contain personal and identifying information as defined in the Canadian Privacy Legislation. The undersigned consents to Maticair Supply and Mfg. (1996) Ltd. in using the subject application to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any renewal or extension hereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations. I/We attest financial responsibility, ability and willingness to pay our invoice in accordance with Net 30 day terms and conditions of sale. Interest charged at 2% monthly (24% annually) on past due account.

COMPANY OWNER / PRINCIPAL LEGAL NAME (PRINT):	TITLE / POSITION:
AUTHORIZED SIGNATURE:	DATE SIGNED:

PERSONAL GUARANTEE

<p>I/We, in our personal capacity, hereby acknowledge receipt of goods and valuable consideration from Maticair Supply & Manufacturing (1996) Ltd. In exchange, I/We personally guarantee payment of all present and future indebtedness owed by the applicant to Maticair Supply & Manufacturing (1996) Ltd. This Guaranteed shall be a continuing, absolute, and unconditional guarantee of payment and performance, and shall remain in full force and effective until all obligations have been fully satisfied, notwithstanding any extension of time, renewal, modification, release, or other indulgence granted by the creditor to the debtor or any other guarantor.</p>		
PRINT NAME OF GUARANTOR:	DATE:	
SIGNATURE OF GUARANTOR:	NAME OF WITNESS:	SIGNATURE OF WITNESS:
ADDRESS OF GUARANTOR:		

REQUIRED DOCUMENTS:

1. A copy of Articles of Incorporation
2. A copy of Owners/Principals Drivers License (Both Sides)