



P.K. Douglass Inc.
 1033 Jayson Court
 Mississauga, ON L4W 2P4
 tel: (905) 624-3300
 fax: (905) 624-3304

CLIENT CREDIT APPLICATION FORM

Please fill out the form completely and fax it back to: **(905) 624-3304 Attention: Credit Department**

PLEASE PRINT CLEARLY

IMPORTANT: Incomplete information will delay processing of your credit application.

Legal Name : _____ Operating As: _____

Billing Address: _____ City: _____ Province/State: _____
 Postal Code/Zip Code: _____

Tel: () _____ Fax: () _____ E-Mail Address: _____

Shipping Address (If Applicable): _____

PROVINCE OF INCORPORATION / MAIN REGISTRATION: _____

Check Appropriate Item: Corporation Partnership Proprietorship Date Business Established: _____

ESTIMATED MONTHLY PURCHASES: _____

OWNERS/PARTNERS/OFFICERS

NAME	POSITION	S.I.N. NUMBER / DOB	HOME ADDRESS

PARENT COMPANY	ADDRESS	PHONE NUMBER

TRADE REFERENCES:

Landlord's Contact Name and Address:

Tel: () _____ Ext: _____ Fax: () _____ E-Mail Address: _____

Supplier/Contact Name: _____

Tel: () _____ Ext: _____ Fax: () _____ E-Mail Address: _____

Supplier/Contact Name: _____

Tel: () _____ Ext: _____ Fax: () _____ E-Mail Address: _____

Supplier/Contact Name: _____

Tel: () _____ Ext: _____ Fax: () _____ E-Mail Address: _____

Supplier/Contact Name: _____

Tel: () _____ Ext: _____ Fax: () _____ E-Mail Address: _____

BANK REFERENCES:

Contact Person/Title: _____ Name of Bank: _____
(Please state first & last name) Transit No. _____ Account No.: _____

Branch: _____ Address: _____

City: _____ Province: _____ Postal: _____

Tel: () _____ Ext: _____ Fax: () _____

BY SIGNING BELOW, YOU AUTHORIZE **P.K. DOUGLASS INC. AND/OR IT'S CREDIT REPORTING AGENT** TO CONDUCT A PERSONAL OR BUSINESS CREDIT INVESTIGATION BY CONTACTING ANY REFERENCES GIVEN, INCLUDING BANKS, TO VERIFY CREDIT STANDING. YOU ALSO GRANT PERMISSION TO THE TRADE AND BANK REFERENCES LISTED ABOVE TO IMPART FINANCIAL INFORMATION REQUESTED BY **P.K. DOUGLASS AND/OR IT'S AGENT** IN THE COURSE OF A REGULAR CREDIT INVESTIGATION. YOU ARE AGREEABLE TO P K DOUGLASS AND IT'S AGENT OBTAINING SUBSEQUENT CREDIT INFORMATION THROUGHOUT THE DURATION OF OUR RELATIONSHIP.

P.K. DOUGLASS RELIES ON THE ABOVE AGREEMENT AND ON THE TRUTH OF THE INFORMATION PROVIDED BY THE APPLICANT IN DECIDING TO GRANT CREDIT. FURTHERMORE, AT ITS SOLE AND ABSOLUTE DISCRETION, **P.K. DOUGLASS** RESERVES THE RIGHT TO GRANT CREDIT, REFUSE CREDIT OR GRANT FURTHER EXTENSION OF CREDIT AT ANY TIME. IT IS FURTHER UNDERSTOOD THAT ALL TERMS AND CONDITIONS CONTAINED HEREIN SHALL BE BINDING FOR ALL PRESENT AND FUTURE BUSINESS TRANSCATIONS BETWEEN THE APPLICANT AND **P.K. DOUGLASS** UNLESS OTHERWISE PROVIDED FOR IN WRITING BY **P.K. DOUGLASS**.

I (we) certified that the above information is true and correct and agree to pay within the credit terms set. In addition, I (we) accept that there is a 2% monthly calculated at 24% annually service charge on any outstanding balance overdue.

AGREEMENT

I HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS. I ALSO UNDERSTAND THAT **P.K. DOUGLASS** CAN CHANGE ITS POLICY AND CAN CANCEL SUPPORT SERVICE AT ANY TIME.

NAME: _____
(Please print first & last name)

DRIVER'S LICENCE NUMBER: _____

SIGNATURE: _____

TITLE (Owner, Partner, Officer): _____

DATE: _____

FOR CREDIT DEPARTMENT USE ONLY

CREDIT TERMS _____ APPROVAL 1 _____

CREDIT LIMIT _____ APPROVAL 2 _____

SALES REP _____

