

CREDIT APPLICATION

Date: _____

Business Profile of Applicant:

| | |
|--|------------------------|
| Company Name: _____ | Division: _____ |
| Address: _____ | Contact Email: _____ |
| City: _____ | Invoicing Email: _____ |
| Province/State: _____ | |
| Postal Code: _____ | Telephone No. _____ |
| Tax Exempt: <input type="checkbox"/> No <input type="checkbox"/> Yes #.: _____ | Fax No. _____ |
| GST No. _____ | PST No. _____ |

Full Name of Owners, Partners and Officers of the Business

| | |
|-----------------------|-------------------------|
| Owner: _____ | Controller: _____ |
| President: _____ | Accounts Payable: _____ |
| Vice-President: _____ | |

In Business Since: _____ No. of Employees: _____ Annual Sales: \$ _____

Industry Description of the Business

Manufacturer Wholesaler Retailer Other:

Type of Business

Corporation Partnership Single Ownership Other:

Financial Statements Included: Yes No If not, why? _____

Estimated Annual Purchases: \$ _____ Year End Date: _____

Are materials supplied for upgrade, replacement parts, new. Applicable Market Segment?

No Yes If Yes, please describe: _____

Bank Information

| | |
|---------------------|-----------------------|
| Name: _____ | Account No.: _____ |
| Address: _____ | |
| City: _____ | Province/State: _____ |
| Postal Code: _____ | Telephone No.: _____ |
| Contact Name: _____ | Fax No.: _____ |

Suppliers / Trade References

| | |
|----------------------------|----------------------------|
| Company Name: _____ | Company Name: _____ |
| Contact Name: _____ | Contact Name: _____ |
| Telephone No.: _____ | Telephone No.: _____ |
| Fax No.: _____ | Fax No.: _____ |
| Email: _____ | Email: _____ |
| Company Name: _____ | Company Name: _____ |
| Contact Name: _____ | Contact Name: _____ |
| Telephone No.: _____ | Telephone No.: _____ |
| Fax No.: _____ | Fax No.: _____ |
| Email: _____ | Email: _____ |
| Company Name: _____ | Company Name: _____ |
| Contact Name: _____ | Contact Name: _____ |
| Telephone No.: _____ | Telephone No.: _____ |
| Fax No.: _____ | Fax No.: _____ |
| Email: _____ | Email: _____ |

DECLARATION

We hereby warrant that the information contained herein is true and exact. We acknowledge that the said information and authorizations were given in order to allow James Ross Ltd. to have access to and possession of all pertinent information relating to our actual and future financial position in order to evaluate the opportunity to establish with us a contractual relationship and give, maintain or modify a line of credit. We hereby authorize James Ross Ltd. to obtain, verify and complete any information useful for the above-mentioned purpose from the companies listed herein as well as from any credit information agency or organization authorized to communicate information. We hereby agree to pay outstanding accounts within 30 days of invoice date or as otherwise agreed in writing.

Name: _____

Title: _____

Signature: _____

Date: _____

Please return by fax /email the completed and signed application to the attention of:

Credit Department: Tel (343) 300- 3112 / fx (613) 342- 8439

[Email: award@jamesross.com](mailto:award@jamesross.com)

INTERNAL OFFICE USE ONLY

Credit Evaluation: _____

Recommended Credit Limit: \$ _____

Approved Credit Limit: \$ _____

Approval Signature: _____

Date: _____