



115 SHIELDS COURT • MARKHAM  
ONTARIO • CANADA • L3R 5H8  
TEL: (416) 724-2033 FAX: (416) 724-4459  
1-888-667-6632 1-888-299-4999

## Credit Application Form

Company/Trade Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

# of Years in Business \_\_\_\_\_ Nature of Business \_\_\_\_\_ # of employees \_\_\_\_\_

Phone \_\_\_\_\_

Purchasing contact \_\_\_\_\_ Email \_\_\_\_\_

Maintenance/Engineering Contact \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Email \_\_\_\_\_

How would you like to receive your invoices?  FAXED  EMAILED  
Fax# \_\_\_\_\_ Email Address \_\_\_\_\_

Purchase Orders Are required on All Orders  NO  YES

Estimated Monthly Purchases \_\_\_\_\_

### Principals in Company

1. Name \_\_\_\_\_ Title \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_

**Credit References**

**Bank Information**

|                |       |                |       |
|----------------|-------|----------------|-------|
| Bank           | _____ | Branch Address | _____ |
| Account Number | _____ | Contact Name   | _____ |
| Phone Number   | _____ | Fax Number     | _____ |

**Supplier References**

|                 |       |              |       |
|-----------------|-------|--------------|-------|
| 1. Company Name | _____ | Contact Name | _____ |
| Address         | _____ |              |       |
| Phone Number    | _____ | Fax Number   | _____ |
| 2. Company Name | _____ | Contact Name | _____ |
| Address         | _____ |              |       |
| Phone Number    | _____ | Fax Number   | _____ |
| 3. Company Name | _____ | Contact Name | _____ |
| Address         | _____ |              |       |
| Phone Number    | _____ | Fax Number   | _____ |

We/I hereby consent House of Electrical Supplies Limited to conduct a credit history; to acquire our bank and credit information for the sole purpose of their credit department. We/I understand that upon credit approval, all accounts are due and payable according to the terms indicated on the statements & invoices; any overdue balances will be subject to a 2% per month service charge.

**Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_ **Position** \_\_\_\_\_ **Date** \_\_\_\_\_

|                     |  |                  |                   |  |
|---------------------|--|------------------|-------------------|--|
| <b>Internal Use</b> | <input type="checkbox"/> <b>ACCEPTED</b> | Customer # _____ | Salesperson _____ | <input type="checkbox"/> <b>DECLINED</b> |
|---------------------|--|------------------|-------------------|--|