

COPPLEY

EST.1883

107 MACNAB ST N, HAMILTON, ON L8R 2L9 | T: 905-529-1112 | F: 905-529-9304 | E: meghan.hallman@copley.com

CONFIDENTIAL CREDIT APPLICATION

This credit application/agreement with Copley Ltd. which includes terms and conditions must be completed, signed and returned in order to consider your request for credit. Terms of sale or other terms and conditions of this agreement are not authorized to be amended or changed by sales representatives or customer service agents of Copley Ltd.

| | | |
|---|-----------------|---|
| LEGAL NAME: | | DATE ESTABLISHED: |
| TRADE NAME/DBA: | | PHONE: |
| STREET: | | FAX: |
| CITY: | PROVINCE/STATE: | POSTAL/ZIP CODE: |
| PRIMARY EMAIL ADDRESS: | | PREMISES <input type="checkbox"/> owned <input type="checkbox"/> leased |
| GST/HST/FEDERAL TAX ID # | | Please submit a copy of your tax exemption certificate with credit application. |
| PST # (BC, MB, QC, SK only) | | |
| STRUCTURE OF BUSINESS <input type="checkbox"/> proprietorship <input type="checkbox"/> partnership <input type="checkbox"/> corporation | | |
| INVOICE DELIVERY <input type="checkbox"/> email <input type="checkbox"/> fax <input type="checkbox"/> mail email address or fax #: | | |

SHIPPING ADDRESS (if different from above)

| | | |
|---------|-----------------|------------------|
| STREET: | | PHONE: |
| CITY: | PROVINCE/STATE: | POSTAL/ZIP CODE: |

PRINCIPALS/OWNERS

| |
|-------------|
| NAME/TITLE: |
| NAME/TITLE: |
| NAME/TITLE: |

ACCOUNTS PAYABLE CONTACT

| | |
|--------|------|
| NAME: | |
| PHONE: | FAX: |
| EMAIL: | |

BANK REFERENCE

| | |
|---------------|-----------|
| BANK NAME: | BRANCH #: |
| ADDRESS: | ACCT #: |
| CONTACT NAME: | PHONE: |

TRADE REFERENCES

| | |
|--------------|--------|
| COMPANY: | PHONE: |
| A/R CONTACT: | FAX: |
| COMPANY: | PHONE: |
| A/R CONTACT: | FAX: |
| COMPANY: | PHONE: |
| A/R CONTACT: | FAX: |

The undersigned:

1. represents, warrants and certifies that the above information is complete and correct in all aspects.
2. agrees to the payment terms stated on each invoice.
3. agrees to pay interest on the past due amounts at the rate of 1.5% per month.
4. agrees and understands that all necessary collection and legal charges may be charged to the undersigned in the event of default or failure to pay for goods or services rendered.
5. agrees that all claims against invoices must be made within 10 days after receipt of goods.
6. agrees that merchandise authorized for return (other than defective goods, shipping errors or late shipping) will be subject to a restocking fee.
7. agrees that failure to comply with these terms and conditions may result in cancellation of credit privileges.

The undersigned consents and authorizes Copley Ltd. to collect, retain and disclose any and all personal information required to grant credit and monitor the Applicant; to obtain any credit report made available from credit reporting agencies; and to disclose and exchange with any person any credit information required for references and to monitor the credit of the Applicant.

SIGNATURE _____

TITLE _____

PRINT NAME _____

DATE _____