

COPPLEY 1883

56 YORK BOULEVARD, HAMILTON, ONTARIO L8R 0A2 TEL: 905-529-1112 FAX: 905-529-9304 EMAIL: meghan.hallman@coppley.com

CONFIDENTIAL CREDIT APPLICATION

This credit application/agreement with Coppley 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 Coppley Ltd.

BUSINESS NAME AND ADDRESS

LEGAL NAME:	PH:
TRADE NAME / D.B.A.:	FAX:
STREET:	EMAIL:
CITY, PROVINCE/STATE:	POSTAL/ZIP CODE:
GST / HST / FEDERAL TAX I.D.#	PST#
Premises (Check Accordingly) OWNED <input type="checkbox"/> LEASED <input type="checkbox"/>	

SHIPPING ADDRESS (If Different)

STREET:	PH:
CITY, PROVINCE/STATE:	POSTAL/ZIP CODE:
TYPE OF ESTABLISHMENT (Check Accordingly)	DATE EST.:
PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/>	

PRINCIPALS - OWNERS

NAME/TITLE:	NAME:
NAME/TITLE:	PH: FAX:
NAME/TITLE:	*EMAIL:

ACCOUNTS PAYBLE

BANK REFERENCE

BANK NAME:	BRANCH NUMBER:
ADDRESS:	ACCT#
CONTACT:	PH:

TRADE REFERENCES

COMPANY:	PH:
CONTACT:	FAX:
COMPANY:	PH:
CONTACT:	FAX:
COMPANY:	PH:
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 all claims against invoices must be made within 30 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 charge.
7. agrees that failure to comply with these terms and conditions may result in cancellation of credit privileges.

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

Signature: _____

Date: _____

Title: _____