

209 Bloor Street East
Oshawa, ON L1H 3M3
Tel: (905) 728-3800
Fax: (905) 728-7400



730 Hawley Street
Peterborough, ON K9J 4C8
Tel: (705) 748-4600
Fax: (705) 748-6700

CUSTOMER CREDIT APPLICATION

Legal Name of Business _____
Trade Name of Business _____
Business Mailing Address _____ City _____
Province _____ Postal Code _____ Phone _____ Fax _____
Address for Delivery _____ City _____
Province _____ Postal Code _____ Phone _____ Fax _____
Type of Business Sole Proprietor Corporation Partnership Years in Business _____

Principals of the Business

Name _____ Title _____ Home Phone _____
Name _____ Title _____ Home Phone _____

Credit References:

 Please provide three trade references that we may contact to obtain payment history

1) Company Name _____ Contact Name _____ Phone _____
Email address _____ Fax _____
2) Company Name _____ Contact Name _____ Phone _____
Email address _____ Fax _____
3) Company Name _____ Contact Name _____ Phone _____
Email address _____ Fax _____

Banking Information

Name of Bank _____ Contact Name _____ Phone _____
Branch Address _____ Account # _____

Do you require Purchase Orders to be used? Yes No
HST Number _____ How would you like invoices sent? Mail Email
Fax _____ (please provide address below)
Accounts Payable Contact Name _____ Phone _____
Email address _____ Fax _____

Credit Limit Requested _____

All information gathered will be held confidential. In consideration of Oscan Electrical Supplies Ltd. ("Oscan") permitting purchases on a credit basis, the principal(s) and applicant agree to the following:

1. Purchases are due, in full, no later than 30 days from the date of each invoice charged to the account.
2. A service charge of 2% per month is chargeable on all past due invoices calculated from the date on which they become past due.
3. Oscan reserves the right to reconsider and revoke credit privileges if the account is not being maintained and operated in a satisfactory manner at any time without notice.
4. The applicants agree to pay all of Oscan's collection costs, including legal costs, which may arise from non-payment.
5. The applicants grant permission to Oscan to conduct a credit inquiry, to obtain such credit reports and other information as may be deemed necessary.

Principal Signature

Principal Signature

Date DD/MM/YR

Print Name

Print Name

*** Please return by fax to 905-728-7400 or by email to credit@oscan.ca ***