

CUSTOMER CREDIT APPLICATION

Legal Name of Business _____

Trade Name of Business _____ Email _____

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 _____ Phone _____ Email _____

Name _____ Title _____ Phone _____ Email _____

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 _____ Transit# _____ Account# _____

Do you require Purchase Orders to be used? YES NO

HST Number _____ How would you like invoices sent? Mail Email Fill in address below

Accounts Payable Contact Name _____ Phone _____

Email Address _____

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 principals(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 (24% per annum) 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.

1) Principal Signature _____ Date _____

Print Name _____

2) Principal Signature _____ Date _____

Print Name _____

*****PLEASE RETURN BY EMAIL TO CREDIT@OSCAN.CA OR BY FAX TO 905-728-7400*****