

CREDIT APPLICATION



Legal Name of Company: _____

Trade Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone#: _____ Fax#: _____

GST#: _____ PST#: _____

Years at Current Address _____ # of Employees: _____ Year Established: _____

Type of Business: _____

Shipping Address: _____

City: _____ Province: _____ Postal Code: _____

Type of Business: Individual Ownership: Partnership: Corporation: Other:

Names and Address of Owners or Officers

President: _____

Phone #: _____

Vice President: _____

Phone #: _____

Secretary: _____

Phone #: _____

Name of Bank: _____ Branch: _____

City: _____ Phone #: _____

Contact Name: _____ Account #: _____

Major Suppliers

	<u>Name</u>	<u>Address</u>	<u>Phone #</u> <u>FAX #</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

A/P Contact Name: _____ Phone # _____

We (I) agree to notify ASL immediately, in writing, of any change(s) of Ownership. If granted credit by ASL, we (I) agree to pay all invoices in NET 30 DAYS. Our (my) financial condition is satisfactory and we (I) can meet all present obligations. There are no lawsuits or judgments against us at this time. WE (I) make the foregoing confidential application for credit in writing, intending that ASL should rely upon it for the purpose of my obtaining services from ASL on credit. We (I) understand that my account will be subject to a finance charge of 1.5% per month (18% annually) on past due balances. Furthermore, we (I) understand that my orders will not be shipped if my account is past due and that collections' fees (including attorney fees) and related costs are my responsibility in the event of non-payment.

Signature: _____ Print Name: _____

Date: _____ Title: _____

ASL Distribution Services Limited
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