CREDIT APPLICATION



Legal Name of Compa	any:			
Trade Name:				
Mailing Address:				
City:	Province:	Postal	Code:	
Telephone#:		Fax#:		
GST# :	PST#:			
Years at Current Add	ress# of Employ	yees: Year E	stablished :	
Type of Business:				
Shipping Address:				
City :	Province:	Post	Postal Code :	
Type of Business :	Individual Ownership :	Partnership:	Corporation :	
Other:				
Names and Address o	f Owners or Officers			
President:				
	Phone #:			
Vice President:				
	Phone # :			
Secretary:				
	Phone # :			
Name of Bank :	Branch:			
City:	Phone # :			
Contact Name :	Account # :			
Major Supliers				
<u>Name</u>	$\underline{\mathbf{Address}}$		Phone #	
1				
	Phone #			
We (I) agree to notify ASL imme invoices in NET 30 DAYS. Our or judgments against us at this ti rely upon it for the purpose of m charge of 1.5% per month (18%	ediately, in writing, of any change(s) of (my) financial condition is satisfactory a time. WE (I) make the foregoing confidery obtaining services from ASL on credit annually) on past due balances. Furthecollections' fees (including attorney fees	Ownership. If granted cred and we (I) can meet all pres ential application for credit t. We (I) understand that r ermore, we (I) understand t	ent obligations. There are no lawsuit in writing, intending that ASL shoul ny account will be subject to a financ that my orders will not be shipped if	
Signature :	Pri	nt Name :		
Date:	Title :	 		

ASL Distribution Services Limited

 $2160 \ Buckingham \ Road, Oakville \ ON \quad L6H \ 6M7 \quad Phone \ (905) \ 829-5141 \quad Fax \ (905) \ 829-8988$

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