

CREDIT APPLICATION

FOR OFFICE USE ONLY											
SALE REPRESENTATIV						\$		TERRITORY AF		PROVED CUSTOMER #	
	ACCOUNT TYPE: NET 30 D.					AYS					
COMPLETE LEGAL NAM	ΛF.									_	
COMPLETE LEGAL NAME											
BILLING ADDRESS											
CITY					PROVINCE		POSTAL CODE		MAIN TELEPHONE #		
ACCOUNTS PAYABLE O	ONTACT					A/P TELEPHONE #		EPHONE #	A/P FAX #		
SHIP TO ADDRESS											
OIII TO ABBILLOO											
CITY					PROVINCE	ΕŢ	POSTAL	POSTAL CODE		SHIP TO TELEPHONE #	
PURCHASING AGENT						TYPE OF BUSINESS / S		SIC CODE YEARS IN C		OPERATION	
FORM OF BUSINESS:	PROPRIETO	RSHIP	PAR	RTNERSHIP] cc	ORPORATION	N	OTHE	R:		
NUMBER OF EMPLOYE	ES:										
CONTACT PERSON	NAME			PHO	PHONE			EMAIL			TITLE
BUYER 1											
BUYER 2											
BUYER 3											
AFFILIATED COMPANIE	S			•		·					•
PURCHASE ORDER REQUIRED ON ALL INVOICES? YES NO				YOU WANT INVOICES BY: MAIL EMAIL MONTHLY STATEMENTS REQUIRED? (MAIL ONLY) YES NO							
EMAIL ADDRESS FOR INVOICES					WEBSITE ADDRESS						
PAYMENT METHOD (PLEASE SELECT ONE OF THE FOLLOWING PAYMENT METHODS)											
ELECTRONIC FUND TRANSFER CHEQUE INTERAC EMAIL PAYMENT											
* PLEASE NOTE WE DO NOT ACCEPT CREDIT CARD PAYMENTS FOR TERMS ACCOUNTS											

CONTINUES NEXT PAGE...



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BUSINESS / TRADE REFERENCES (MINIMUM OF THREE REQUIRED)									
Company Name			Phone						
Contact Name			Fax						
Address			E-Mail						
City			Province, Postal Code						
Company Name			Phone						
Contact Name			Fax						
Address			E-Mail						
City		Province, Postal Code							
Company Name		Phone							
Contact Name		Fax							
Address			E-Mail						
City			Province, Postal Code						
	All FIELD	S RE	QUIRED						
TAX #S (WHERE AF	PPLICABLE)	PST	REGISTRATION NO.		GST/HST REGISTRATION NO.				
OUR GST/HST REG	SISTRATION NO. RT103340014								
I/WE HEREBY REPRESENT THAT I/WE ARE AUTHORIZED TO SUBMIT THE APPLICATION ON BEHALF OF THE CUSTOMER NAMED ABOVE, AND THAT THE INFORMATION PROVIDED FOR THE PURPOSE OF OBTAINING CREDIT IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE LIN HAW INT CO. LTD. TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. I/WE FURTHER REPRESENT THAT THE CUSTOMER APPLYING FOR THE CREDIT HAS THE FINANCIAL ABILITY AND WILLINGNESS TO PAY FOR ALL INVOICES WITHIN ESTABLISHED TERMS. I/WE, THE UNDERSIGNED, AUTHORIZE LIN HAW INT CO. LTD. TO OBTAIN AND/OR EXCHANGE BUSINESS AND/OR PERSONAL INFORMATION WITH CREDIT GRANTORS AND/OR CREDIT REPORTING AGENCIES FOR THE PURPOSES OF ESTABLISHING OR VERIFYING MY/OUR FINANCIAL STANDING AND/OR THAT OF THE COMPANY. PLEASE NOTE: OUR TERMS ARE NET 30 DAYS FROM THE DATE OF INVOICE - IT IS AGREED AND UNDERSTOOD THAT ALL NECESSARY LEGAL FEES AND/OR INTEREST AT 2.00% PER MONTH (24% PER ANNUM) MAYBE CHARGED TO MY COMPANY IN THE EVENT OF LATE PAYMENT, DEFAULT OR FAILURE TO PAY FOR MERCHANDISE RENDERED. - A CHARGE OF \$25.00 WILL APPLY TO THE HANDLING OF NSF CHEQUES.									
SIGNATURE (AUTH	IORIZED SIGNOR FOR THE COMPANY)	Р	OSITION						
PRINT NAME		D	ATE SIGNED						
FOR OFFICE USE ONLY									
CREDIT ANALYST APPROVED BY: DATE:									