



## CREDIT APPLICATION

**Please check off your home branch & note the sales representative that contacted you.**

Hamilton \_\_\_\_\_ Oakville \_\_\_\_\_  
 Owen Sound \_\_\_\_\_ Guelph \_\_\_\_\_

**If Corp. – Full Name:** \_\_\_\_\_ **Ont. Corp. No.:** \_\_\_\_\_

**If Partnership-Registered Company Name:** \_\_\_\_\_

**NAME, HOME ADDRESS & PHONE NUMBERS OF ALL PARTNERS:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_ Phone Number: \_\_\_\_\_

**ALL APPLICANTS – BUSINESS ADDRESS:**

Address: \_\_\_\_\_ CITY: \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

A/P Contact Name & Number: \_\_\_\_\_

Date Business Started: \_\_\_\_\_ High Credit Req'd Monthly: \_\_\_\_\_

Tax Numbers – GST: \_\_\_\_\_ P.S.T. \_\_\_\_\_

**BANKING INFORMATION:**

Bank: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Account#: \_\_\_\_\_ Branch #: \_\_\_\_\_

**TRADE REFERENCES:**

Name	Address	Phone #	Fax #

- We authorize the release of credit information and payment history to The ELECTROMART Group of Companies, for the purpose of obtaining credit with your company.
- Should The ELECTROMART Group of Companies receive a request for credit information on your account please indicate how you would like us to proceed.

**YES**, I authorize the release of my credit information.      **NO**, I do not authorize the release of my credit information.

AUTHORIZED SIGNATURE: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**TERMS OF CREDIT:**

1. All invoices are due in full, 30 days after the date of the invoice.
2. After 30 days, interest at 18% per annum compounded monthly will be charged on all accounts.
3. In the event any account is unpaid at the expiration of the 30 days grace period, no further sales will be made without the express approval from the Directors of Electromart.
4. Minimum net invoice charge is \$15.00.
5. Title to the goods does not pass until the goods are paid for.
6. Electromart may register Notice of its Lien pursuant to the Personal Property Security Act or the equivalent act in provinces or jurisdictions outside Ontario.
7. The cost of such registration, the cost of discharging such registrations when the goods are fully paid for or otherwise, and \$25.00 fee per registration will be billed to you.
8. In the event that it is necessary for Electromart to take legal proceedings to collect any outstanding invoices or charges, the customer agrees to pay Electromart's costs on a solicitor and client basis.

WE, \_\_\_\_\_ do hereby agree to the terms stated herein and undertake to abide by them.  
(name of business)

AUTHORIZED SIGNATURE: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**GUARANTEE**

I, \_\_\_\_\_ do hereby  
(Insert name of Guarantor)

unconditionally guarantee the payment of all funds owing by the customer on this application to Electromart. I do hereby waive all notifications in respect of terms of credit, changes and conditions or any changes whatsoever and undertake, notwithstanding anything Electromart may do, to pay the account if it remains unpaid by the Applicant after 30 days from the date of invoice. I understand that Electromart need not take any action against the customer, but may pursue me immediately upon the expiration of the said 30 days. I agree to be responsible for payment of all invoices, expenses, costs, and interest as set out in the terms and conditions of this agreement.

GUARANTOR SIGNATURE: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_