

Credit Application Form

Company Name:					
Phone	()		Fax ()		
Address				For PastYears	
City			Province/State		
Postal Code/Zip			Date Founded:		
Credit Requested	\$				
Type of Business					
Invoices e-mailed to					
Billing backup required	No Yes If yes please state				
GST Number			Federal Tax ID#		
<i>Ownership</i>		. [
Sole Proprietors	ship	Partnership	Corporation		
PRINCIPAL:					
	(NAME)		(TITLE)		
PRINCIPAL:					
	(NAME)		(TITLE)		
PRINCIPAL:					
	(NAME)		(TITLE)		
Trade References					
Company:		Fax:	Tel:		
Company:		Fax:			
Company:		Fax:	Tel:		

Benchmark Trade Solutions 2-8400 Parkhill Road Milton, Ontario, L9T 5V7 Phone: 905-624-9497 Fax: 905-624-4759



Banking Information

Bank Name:			
Address:			
Contact Person:		Title	
Account Number:			
Telephone:		Fax	
Has the firm or any of its principals ever been Bankrupt? If yes, explain		YES	NO

The undersigned applicant certifies that all information submitted herein is complete and accurate and authorizes Benchmark Trade Solutions to:

• Request information about your firm from trade references, your bank and credit reporting agencies

In consideration for the extension of credit, said business promises to pay within the terms agreed Net 30 and agrees to pay a service charge per month of 1.5 % per month on all past due balances. In the event any third parties are employed to collect any outstanding monies owed by said business the undersigned agrees to pay reasonable collection cost, including attorney fees, whether or not litigation has commenced, and all cost of litigation incurred. The undersigned represents that he/she has the authority to execute agreement on behalf of the business identified.

(Name of Business)

(Print Name)

(Title)

(Signature)

(Date)

CREDIT DEPARTMENT USE ONLY

Line Of Credit Approved - Denied

Amount \$_____

Comments:

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