

CREDIT APPLICATION

277 Ellerslie Road, London, ON N6M 1B7 Tel: 519-852-3084
 Email: kymat@sympatico.ca Website: www.kymat.ca

Full Legal Business Name:		
Operating / Trade Name(s):		
Billing Address:		
Accounting Email Address:		
City:	Province:	Postal Code:
Telephone Number:		
Shipping Address:		
Date Business Commenced:		
Date Business Incorporated:		
Corporation/Partnership/Proprietorship:		
Credit Limit Requested \$ _____ . ____ Estimated Weekly Shipping Volumes \$ _____ .00		
Freight Commodities:		
Number of years operating current business:		
Business Principal(s) No.1:	Title:	
Business Principal(s) No.2:	Title:	
Credit References:		
Name:	Telephone No.	E-mail Address
1)		
2)		
3)		
Banking References:		
Name of Bank or Institution:	Account Manager Name	Telephone No.
Address of Bank or Institution (Street, City Province):		
Bank Account Number:		
Terms: It is hereby agreed that invoices are to be paid within 15 days from date of billing. All overdue accounts are subject to a 19.9% interest charge per month (24%/year). All NSF cheques carry a \$75.00 charge.		
Signature:	Title:	Date: