

Amount of Credit Requested:



www.formandbuild.com

CLIENT CREDIT APPLICATION & AGREEMENT FORM

Legal Name of Business:		Trade Name (if Different)		
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		Date Registered or Incorporated:		
Business Address		City/Town	Prov.	Postal Code
Business Phone: () ()		Fax Number: () ()	E-Mail:	Website:
# of Locations or Branches		# of Employees:	Nature of Business:	Annual Sales:
Name of Principal Shareholder/Owner of Business:			Name of President if Incorporated:	
Accounts Payable Contact:		Telephone Number: Ext.: () ()	Fax Number: () ()	E-mail:

YOUR BANKER

Bank:	Full Address:		
Account Number:	Account Manager:	Telephone Number:	How Long at this Branch?

YOUR SUPPLIERS

Name & Address:	Name & Address:	Name & Address:
Name of Contact:	Name of Contact:	Name of Contact:
Telephone Number: () ()	Telephone Number: () ()	Telephone Number: () ()
Fax Number: () ()	Fax Number: () ()	Fax Number: () ()

PERSONAL DATA ON PRINCIPAL/OWNER OF BUSINESS

Last Name of Principal/Owner/Operator:	First Name:	Date of Birth: MM DD YYYY	Social Insurance Number:
Residential Address:		City/Town	Postal Code
Home Telephone: () ()	<input type="checkbox"/> Rent <input type="checkbox"/> Own	Former Address:	

Please fill out form completely and fax it back to 519-451-3379 - Attention Credit Department
 PLEASE PRINT CLEARLY IMPORTANT: Incomplete information will delay processing of your credit application.

- By signing below, I authorize Form & Build Supply and or its agents, to contact any references given, including banks, to release and exchange such credit banking and financial information as may be necessary to determine credit standing.
- I also grant permission to the trade and bank references listed above to impart financial information requested by Form & Build Supply and their agents, in the course of regular credit investigations.
- As the principal/owner/operator referred to herein I take notice that reports will be sought containing personal information, financial information and credit information and I consent to the receipt, disclosure and exchange of such information to other business related parties, agents and consumer reporting agencies.
- As the undersigned I hereby agree that subsequent credit information may be obtained throughout the duration of the business relationship and consent to the release of said information.
- I certify that the above information is true and correct, I also certify that I am authorized to bind the company and agree to pay invoices in full 30 days from date of invoice.
- In addition I (we) accept there is a service charge of 1.5% Monthly (19.56% Annually) on any balance outstanding over 30 days.
- Returns of any nature must be made within 30 days of the purchase day. In some situations, a re-stocking charge may apply on a return. The percentage of the restocking charge is to be determined by Form & Build Supply.
- Goods and Services Tax and Provincial Sales Tax are in addition to the purchase price of goods. Taxes will be charged unless an exemption certificate is on file and properly completed.
- Form & Build Supply will take reasonable steps in delivering goods purchased with regards to the date specified. Under no circumstances will Form & Build Supply be held liable to damages of any kinds because of failure to do so.
- If the purchase requires a Purchase Order Number, it will be their responsibility to give the P.O. number when the order is placed. Form & Build Supply will not be held liable for any order that does not have a Purchase Order Number.
- Returned Cheques will be subject to a \$25.00 service charge.

AGREEMENT

I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS. I ALSO UNDERSTAND THAT FORM & BUILD SUPPLY CAN CHANGE ITS POLICY AND CAN CANCEL CREDIT SUPPORT SERVICE AT ANY TIME.

Authorized Signature for Applicant:		
Print Name of Person Who Signed This Application:		
Title/Position	Telephone:	Date Signed: