



*New Customer / Credit Application*

## General Information

Business Name: \_\_\_\_\_

Owner / Primary Contact Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Check here if you would like to receive your invoices by email

## Billing Information

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ Billing Province: \_\_\_\_\_

Billing Country: \_\_\_\_\_ Billing Postal / Zip Code: \_\_\_\_\_

## Shipping Information *Check here if same as billing*

Ship To Address: \_\_\_\_\_

Ship To City: \_\_\_\_\_ Ship To Province: \_\_\_\_\_

Ship To Country: \_\_\_\_\_ Ship To Postal / Zip Code: \_\_\_\_\_

## Financial Information

Years in Business: \_\_\_\_\_

Company structure:  Sole Owner  Corporation  Partnership

Principals: \_\_\_\_\_



Please list amount of credit you are requesting: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Accounts Payable Phone # \_\_\_\_\_

Bank Reference/Address: \_\_\_\_\_

Bank Account #: \_\_\_\_\_ Bank Phone #: \_\_\_\_\_

**Credit References**

*Please provide Three credit references*

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Account #: \_\_\_\_\_

Falsifying any information will result in immediate closure of an established account and a request for immediate payment of any unpaid balances will be enforced.

**TERMS OF PAYMENT:** Payments may be extended upon satisfactory credit approval. Payment in full shall be due and payable prior to shipment of Product via credit card (Visa, MasterCard is accepted see attached Credit-Card Auth. form). A monthly interest charge of 2.00% will be charged on invoices past due. Customer agrees to pay all legal fees if account is turned over for collection.

I certify that all the information on this form is correct and that I fully understand and agree to your terms of payment. **I personally guarantee any and all outstanding balance on the behalf of my company.**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax completed forms to (905) 564 3694 or email to "sales@surguin.com" or mail original copy to: 6350 Tomken Rd., Unit # 5, Mississauga, ON, L5T 1Y3, CANADA**