



141 DON PARK ROAD, MARKHAM, ON L3R 1C2

TEL: 905-947-9824 FAX: 905-947-9397 TOLL FREE 1-800-387-7195

CREDIT APPLICATION

For the purpose of obtaining merchandise from Seller on credit, the following statement is made intending that you should rely that all information is correct. Fill out completely and if faxed, please forward original.

Legal Name _____ Phone No. (____) _____

Trade Name _____ Fax No. (____) _____

Mailing Address _____ Cell phone No. (____) _____

City _____ Email _____

Amount of Credit Required _____ Postal Code _____

Owned Leased Corporation Partnership Limited Partnership Individual

Owner or Officer _____ Title _____ Telephone Number _____

Owner or Officer _____ Title _____ Telephone Number _____

Accounts Payable _____ Title _____ Telephone Number _____

Bank _____ Branch _____ Phone No. _____

Account No. _____ Type _____ Contact _____

Address _____ City _____ Postal Code _____

REFERENCES: Please list your current major suppliers (at least three).

Name	Address	Phone Number	Fax Number	Account Number
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1. _____

2. _____

3. _____

4. _____

5. _____

The undersigned certifies that the above information is true and correct and agrees to pay for all goods purchased in compliance with the terms of the Seller. Unless otherwise agreed to in writing, said terms are that all goods are to be paid in full, 30 calendar days after the invoice date. Should default in payment be made when due, the balance plus 2% per month (24% APR) on all unpaid sums, together with actual attorney's fee and all costs as the Seller may reasonably incur in the enforcement of the obligation. The undersigned also gives Seller (Jamac Sales) consent to contact Bank and References for credit purposes.

I am authorized to sign on behalf of the company;

Full name of Company _____ Signature _____

Date _____ Print Name and Title _____