



Account Application & Guarantee

Please print clearly or type. All requested information must be provided. Applications with incomplete or illegible information may be rejected.

Legal name or number: _____ Date: _____
 Trade name: _____
 Mailing address: _____ City: _____ Postal code: _____
 Business / shipping address: _____ City: _____ Postal code: _____
 Telephone: _____ Fax: _____ Cell: _____
 Email address: _____

I wish to receive promotional offers and other commercial electronic messages from Bardon Supplies Limited at the email address provided above.

Terms applied for: Charge COD **Business type:** Proprietorship Partnership Corporation

Purchase order required: Yes No Price packing slips: Yes No

Receive invoices by: Fax Email Name of A/P contact: _____

Licenses (TSSA, Gas): _____

Date business started: _____

Briefly describe your business: _____

Name of business owner(s): _____ **Residential address:** _____

1. _____

2. _____

* Are any of the owners / officers now, or been in the past 7 years, in bankruptcy proceedings? Yes No

Bank information: *THIS SECTION MUST BE COMPLETED*

Bank: _____ Address: _____ Telephone: _____

Account #: _____ Credit Line: _____ Account Manager: _____

Major current credit suppliers. Please state their name, full address, telephone, fax and your account #.

1. _____

2. _____

3. _____

4. _____

The undersigned agrees to the following terms of sale and credit investigation:

1. Bardon Supplies Limited may conduct the credit and bank investigation they deem necessary on the Company and Owners named on this application; and I grant permission to the trade and bank references listed above to disclose financial information requested by Bardon Supplies Limited.
2. Accounts are due and payable on the terms; N30 month following; (account balance is payable on the 30th of the month following the date of invoice).
3. Credit privileges are subject to suspension without notice if the account is past due, and are subject to reinstatement strictly at Bardon's option.
4. If I do not pay within the agreed time period, I agree to pay a service charge on the past due balance that is calculated at the simple interest rate of 2% (24% per annum) and which is billed on the monthly statement of my account.
5. A fee of \$30.00 is charged on cheques returned as non-negotiable.

Signed: _____ **Title:** _____

I have the authority to bind the company.

Personal Guarantee

In consideration of credit terms having been granted to my company, _____ by Bardon Supplies Limited,

(Company Name)

I, _____ hereby irrevocably and unconditionally personally guarantee repayment of all sums due and owing,

(First & Last Name)

or which may become due and owing to Bardon Supplies Limited.

Dated at _____ this _____ day of _____ 20 _____.

Applicant signature: _____ Witness signature: _____

Applicant name: _____ Witness name: _____

(Please print)

(Please print)

PLEASE RETURN COMPLETED APPLICATION BY FAX 613-966-2026 OR EMAIL BARDON@BARDONSUPPLIES.COM

REV 7-17



BRANCH #



SALES ID



MARKET CLASS



PROFILE



ACCT #



TERMS



CREDIT LIMIT REQUESTED