



Account Application

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

Corporation name or number: _____ Date: _____
 Business name or Trade name: _____
 Mailing Address: _____ City: _____ Postal Code: _____
 Business/Shipping Address: _____ City: _____ Postal Code: _____
 Telephone: _____ Fax: _____ Cell: _____
 Email Address: _____

Terms Applied For: Charge _____ COD _____ Purchase Order Required: Yes _____ No _____
 (Check One) Proprietorship _____ Price Packing Slips: Yes _____ No _____
 Partnership _____ Name of A/P Contact: _____
 Corporation _____ Receive Invoices by: Fax _____ Email _____

Licenses (TSSA, Gas): _____
 Date Business Started: _____
 Briefly describe your business: _____

Name of Owner(s)

1. _____
 2. _____

* Are any of the owners/officers now or in the past 7 years in bankruptcy proceedings? Yes _____ No _____
 * If yes, please provide details in a letter of explanation and attach to this application.

Bank Information *THIS SECTION MUST BE COMPLETED*

Bank: _____ Address: _____ Telephone: _____
 Account #: _____ Credit Line: _____ Acct Manager: _____

Major Current Credit Suppliers: State their name, Full address, Telephone, Fax and Account #

1. _____
 2. _____
 3. _____
 4. _____

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

- Bardon may conduct the credit investigation they feel is necessary on the Company and Owners named on this application.
- 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)
- Credit privileges are subject to suspension without notice if the account is past due and are subject to reinstatement strictly at Bardon's option.
- 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.
- A fee of \$25.00 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
 (name)
 and owing, or which may become due and owing to BARDON SUPPLIES LIMITED.

Dated at _____ this _____ day of _____, 20 _____.

Witness Signature _____ Signature _____
 Witness Name _____ Signature Name _____
 (Please Print) (Please Print)

RETURN COMPLETED APPLICATION BY FAX 613•966•2026



Branch # Sales ID Market Class Profile Acct # Terms Credit Limit Requested