



CREDIT APPLICATION



Fax Your COMPLETED Application To:	
DATE:	

CUSTOMER INFORMATION (PRINT clearly. All Information **MUST** be filled out in **FULL**. If not, there will be delays in opening the account)

BILL TO ADDRESS	Company Name (include Ontario Numbered Company (if any) & the "Operating As" Name)			Contact (Buyer) Name		
	Accounts Payable Name			Accounts Payable Email		
	Address			City	Province	Postal
	Telephone		Fax	Accts Payable Telephone		
	Email			Website		
	Any Special Delivery Instructions?					
<input type="checkbox"/> "Ship To" Same As "Bill To" <input type="checkbox"/> Corporate Office <input type="checkbox"/> Franchise (Store # _____) <input type="checkbox"/> Sole Proprietary <input type="checkbox"/> What truck size required for deliveries: <input type="checkbox"/> 53' <input type="checkbox"/> 48' <input type="checkbox"/> Straight Years In Business _____ Web Order Entry? <input type="checkbox"/> YES <input type="checkbox"/> NO						

SHIP TO ADDRESS	Company Name (<input type="checkbox"/> See attached for more ship-to locations)					
	Address			City	Province	Postal
	Contact Name		Telephone		Fax	
	Other Ship To:					

BANK INFORMATION

Bank Name			Advisor Name/Contact		
Address			City	Province	Postal
Telephone		Fax	Account No.		

TRADE REFERENCES

Company Name			Contact Name		
Address			City	Province	Postal
Telephone		Fax	Account No.		Terms
Company Name			Contact Name		
Address			City	Province	Postal
Telephone		Fax	Account No.		Terms
Company Name			Contact Name		
Address			City	Province	Postal
Telephone		Fax	Account No.		Terms

If interested in paying invoices by credit card (Visa or MasterCard); Please check mark here and we will contact you. Name: _____ Telephone # _____

ACCOUNT AGREEMENT

In consideration of R3 Redistribution granting credit to me/us on the purchase of merchandise, I/we agree to be bound by the following terms and conditions governing any and all such Credit purchases namely:

- The amount of indebtedness due 30 days from invoice date.**
- R3 Redistribution may in its discretion, assess a handling charge in the amount of \$25 for any dishonored cheque received from the applicant.
- I/We hereby apply for credit & agree that R3 Redistribution may obtain consumer or other credit reports containing factual information in connection with this application & I/we authorize receipt & exchange of credit information.

I/We acknowledge that I/we have read and fully understand this agreement and its terms of payment, that it is subject to the approval of the Credit Department (48 hour turn-around). I/We affirm that this information is true and accurate.

Printed Name		Signature	
Title		Date	

PLEASE BE ADVISED THAT THERE'S A MIN 48 HOUR TURN-AROUND FOR APPLICATIONS (WITH TERMS) TO BE APPROVED & ENTERED INTO OUR SYSTEM (FROM THE DATE RECEIVED IN THE A/R DEPARTMENT)

R3 CANADA USE ONLY	Account No.	Rating		Approved By (Manager's Signature)	
	\$ Limit	C.O.D	A/R Rep Name		Date
	Comments				