

Credit Application

A. APPLICANT

Legal Name:					
Street Address:					
City:		Province/State:		Postal/Zip:	
Mailing Address:					
City:		Province/State:		Postal/Zip:	
Phone:	Fax:	E-mail:			
Shipping Address:					
City:		Province/State:		Postal/Zip:	
Type of Business (Public/Private/LTD Partnership/Sub-Chapter, etc.):					
Estimated Annual Purchase from The Caulking Store:				\$	
Financial Contact:				Phone:	
Accounts Payable Contact:				Phone:	
Amount of Credit Requested:		Terms Requested:		How Long in Business: Yrs	

B. BANKING INFORMATION

Bank:					
Address:					
City:		Province/State:		Postal/Zip:	
Branch Manager Name:		Phone:		E-mail:	
Account No.:				Type of Account:	

C. TAX INFORMATION

- GST/HST Drop Shipment Certificate Yes No (Attach Certificate)
- QST Drop Shipment Certificate Yes No (Attach Certificate)
- Sales Tax Exemption Certificate Yes No (Attach Certificate)

(Please circle: British Columbia, Manitoba, Saskatchewan)

Required: Customer is responsible for sales taxes unless applicable Certificates are received.

VAT (if applicable): _____ Other Tax Identification: _____

I hereby authorize bank named above to release information requested for the purpose of obtaining and/or reviewing credit.



D. TRADE REFERENCES *(Please fill out or attach separate sheet)*

1.	Name:	2.	Name:
	Contact:		Contact:
	Address:		Address:
	Phone:		Phone:
3.	Name:	4.	Name:
	Contact:		Contact:
	Address:		Address:
	Phone:		Phone:

The preceding information is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize The Caulking Store (TCS) to investigate all references and customary credit information sources including consumer credit reporting repositories regarding my/our credit and financial responsibility for the purpose of obtaining credit and for periodic review for the purpose of maintaining the credit relationship.

TERMS: Terms of Sale including payment terms, are TCS Standard Terms and Conditions of Sale. TCS may notwithstanding of inconsistent item in any order or contract place credit restrictions, including holding shipments and/or canceling orders on past due accounts.

PAYMENT LOCATION: All amounts due for purchases from TCS are payable at _____ . It is further agreed that this agreement is entered into in the Province/State of _____ and is governed by the laws of the Province/State of _____ .

CHANGE OF OWNERSHIP: I/We understand that we must notify TCS in writing and by registered/certified mail of any change in ownership, the name of the business or structure of the business under which credit is established.

In the event of default, and if this account is turned over to an agency and/or an attorney for collection, the undersigned agrees to pay all reasonable attorney fees, and/or costs of collection whether or not suit is filed.

APPLICANT'S SIGNATURE ATTESTS FINANCIAL RESPONSIBILITY, ABILITY AND WILLINGNESS TO PAY IN ACCORDANCE WITH ABOVE TERMS. THE APPLICANT ACKNOWLEDGES AUTHORITY TO SIGN ON BEHALF OF THE FIRM.

Firm Name: _____

Name: _____ Signature: _____ Title: _____

Please send all your completed forms to:

Products to be purchased: _____

For Internal Use Only	
Account Number: _____	Credit Representative: _____
Terms: _____	TCS Business Group: _____
Sales Representative: _____	Requested Credit Line: _____