



33 York Street, Elora
 Ontario, Canada N0B 1S0
 1-800-265-2710
 Fax: 1-866-865-2372

ATTN: ELDENE SHARER

CREDIT APPLICATION

PLEASE TYPE OR PRINT CLEARLY

WHEN COMPLETED FAX SIGNED APPLICATION TO NUMBER ABOVE OR EMAIL AR@POLY-CORP.COM

ADDRESS AND CONTACT INFORMATION

LEGAL NAME OF COMPANY _____

STREET ADDRESS _____

BILLING ADDRESS _____

TELEPHONE _____ FAX _____

EMAIL ADDRESS _____

WEBSITE _____

PURCHASING CONTACT NAME _____

A/P CONTACT NAME _____

CHECK ONE CORPORATION PARTNERSHIP PROPRIETORSHIP

HOW LONG IN BUSINESS UNDER PRESENT NAME? _____

NATURE OF BUSINESS _____

FEDERAL I.D. NUMBER _____ *Very Important*

TAX EXEMPTION NUMBERS: _____ *Please include certs if necessary*

PRINCIPAL OFFICERS

NAME _____	TITLE _____	HOW LONG? _____
NAME _____	TITLE _____	HOW LONG? _____
NAME _____	TITLE _____	HOW LONG? _____

PARENT COMPANY _____	ADDRESS _____
TELEPHONE _____	PRINCIPAL OFFICER _____
AFFILIATED COMPANY _____	ADDRESS _____
TELEPHONE _____	PRINCIPAL OFFICER _____

POLYCORP OFFICE USE ONLY

CREDIT LIMIT: CUSTOMER #

REVIEW DATE:

SALES MANAGER APPROVAL: _____ FINANCE APPROVAL: _____

BANK REFERENCES: LIST BANK(S) DEALT WITH OVER PAST THREE YEARS

NAME OF BANK	_____	ADDRESS	_____
CONTACT NAME	_____	PHONE	_____ ACCOUNT # _____
NAME OF BANK	_____	ADDRESS	_____
CONTACT NAME	_____	PHONE	_____ ACCOUNT # _____

TRADE REFERENCES: LIST ESTABLISHED SUPPLIERS ONLY

COMPANY NAME	_____	CITY	_____	FAX	_____
CONTACT NAME	_____	PHONE	_____	HOW LONG?	_____
TYPE OF INDUSTRY	_____	CREDIT LINE EST.	_____	TERMS	_____
COMPANY NAME	_____	CITY	_____	FAX	_____
CONTACT NAME	_____	PHONE	_____	HOW LONG?	_____
TYPE OF INDUSTRY	_____	CREDIT LINE EST.	_____	TERMS	_____
COMPANY NAME	_____	CITY	_____	FAX	_____
CONTACT NAME	_____	PHONE	_____	HOW LONG?	_____
TYPE OF INDUSTRY	_____	CREDIT LINE EST.	_____	TERMS	_____
COMPANY NAME	_____	CITY	_____	FAX	_____
CONTACT NAME	_____	PHONE	_____	HOW LONG?	_____
TYPE OF INDUSTRY	_____	CREDIT LINE EST.	_____	TERMS	_____

TERMS AND CONDITIONS

- 1) The applicant hereby acknowledges that all charges incurred after the establishment of an open account shall be considered **due and payable within the payment terms stated on the sales order confirmation** using date of invoice and that payment shall be made at this time to the order of Polycorp Ltd. and forwarded to the designated address.
- 2) The applicant hereby authorizes Polycorp Ltd. to perform any credit investigation deemed necessary to establish and maintain a credit account for the applicant. The applicant hereby authorizes the reporting of the above mentioned information and applicant performance to Polycorp Ltd. or their designates.
- 3) The applicant hereby consents to abide by all terms and conditions as set out in all invoices. Failure to abide by these terms may result in revocation or alteration of credit terms

SIGNATURE OF APPLICANT

_____	DATE: _____
PLEASE PRINT NAME _____	TITLE _____

Your Current Contact(s) at Polycorp: _____

Are you requesting a credit limit greater than \$50,000? _____