



CERTIFIED EQUIPMENT SALES SERVICE & RENTAL LTD.

2 ROYALCREST RD.

ETOBICOKE, ONT. M9V 2L5

PHONE: 416-747-7878 FAX: 416-747-8199

CLIENT CREDIT APPLICATION & AGREEMENT FORM



Legal Name of Business:		Trade Name (If different):			
<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	Date registered or incorporated:			
<input type="checkbox"/> Proprietorship					
Business Address		City/Town	Province/State	Postal Code:	How Long:
Business Phone:	Fax Number:	E-mail:		Web Site:	
# of locations or branches:	# of employees:	Nature of Business:		Annual Sales:	
Name of Principal Shareholder / Owner of Business:			Name of President if Incorporated:		
Accounts Payable Contact:	Telephone Number:	Ext:	Fax Number:	Email:	

YOUR BANKER

Bank:	Full Address:			
Account Number (Mandatory):	Account Manager:	Telephone Number:	How long at this Bank?:	

YOUR SUPPLIERS

Name & Address:	Name & Address:	Name & Address:
Name of Contact :	Name of Contact:	Name of Contact:
Telephone Number:	Telephone Number:	Telephone Number:
Name & Address:	Name & Address:	Name & Address:

PERSONAL DATA ON PRINCIPAL/OWNER OF BUSINESS

Last Name of Principal/Owner/Operator:	First Name:	Date of Birth: MM DD YYYY	Social Insurance Number:
Residential Address:	City/Town	Province:	Postal Code:
Home Telephone:	Rent <input type="checkbox"/> Own <input type="checkbox"/>	Former Address	

Please fill out the form completely and fax it back to: 416-747-8199

PLEASE PRINT CLEARLY

IMPORTANT: Incomplete information will delay processing of your credit application.

BY SIGNING BELOW, I AUTHORIZE CERTIFIED EQUIPMENT AND OR ITS AGENTS, LUMBERMEN'S CREDIT SERVICES, TO CONTACT ANY REFERENCES GIVEN, INCLUDING BANKS, TO RELEASE AND EXCHANGE SUCH CREDIT, BANKING AND FINANCIAL INFORMATION AS MAY BE NECESSARY TO DETERMINE CREDIT STANDING. I ALSO GRANT PERMISSION TO THE TRADE AND BANK REFERENCES LISTED ABOVE TO IMPART FINANCIAL INFORMATION REQUESTED BY CERTIFIED EQUIPMENT OR THEIR AGENTS, LUMBERMEN'S CREDIT SERVICES, IN THE COURSE OF REGULAR CREDIT INVESTIGATIONS. AS THE PRINCIPAL/OWNER/OPERATOR REFERRED TO HEREIN I TAKE NOTICE THAT REPORTS WILL BE SOUGHT CONTAINING PERSONAL INFORMATION TO OTHER BUSINESS RELATED PARTIES, AGENTS AND CONSUMER REPORTING AGENCIES. AS THE UNDERSIGNED I HEREBY AGREE THAT SUBSEQUENT CREDIT INFORMATION MAY BE OBTAINED THROUGHOUT THE DURATION OF THE BUSINESS RELATIONSHIP AND CONSENT TO THE RELEASE OF SAID INFORMATION. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, I ALSO CERTIFY THAT I AM AUTHORIZED TO BIND THE COMPANY AND AGREE TO PAY INVOICES IN FULL **30 DAYS FROM DATE OF INVOICE**

AGREEMENT

I HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS. I ALSO UNDERSTAND THAT _____ CAN CHANGE ITS POLICY AND CAN CANCEL CREDIT SUPPORT SERVICE AT ANY TIME.

Authorized Signature for Applicant:		
Print Name of Person who signed this application:		
Title/Position:	Telephone:	Date Signed: