

CREDIT APPLICATION
CORINTHIAN DISTRIBUTORS LTD.

- New Account
- Credit Limit Increase
- Credit Limit Requested \$ _____

GENERAL INFORMATION (Please Print)

Company Name: _____

Doing Business as: _____

Address: _____

City: _____ Province/Postal Code: _____

Phone: _____ Fax: _____

If Affiliate/Subsidiary, indicate parent company: _____

Address (if different from above) _____

City: _____ Province/Postal Code: _____

Phone: _____ Fax: _____

Officers: _____

President: _____

Address (if different from above) _____

City: _____ Province/Postal Code: _____

Home Phone: _____

Mail invoice to: (Accounts Payable Contact) _____

Address (if different from above) _____

City: _____ Province/Postal Code: _____

Phone: _____ Fax: _____

Controller: _____

Vice President: _____

BUSINESS DESCRIPTION:

Estimated monthly purchases from Corinthian Distributors Ltd. \$ _____

Company Type:

Sole Proprietorship Partnership

Corporation Date of incorporation _____ Province: _____

Registration Number: _____ # of Locations _____

REFERENCES:

Bank Reference: _____ Contact: _____ Title: _____

Address: _____

City: _____ Province/Postal Code: _____

Phone: _____ Fax: _____

Transit Number: _____ Account Numbers: _____

CREDIT APPLICATION

CORINTHIAN DISTRIBUTORS LTD.

TRADE REFERENCES:(Please list three major suppliers with whom you have trade credit.)
Please contact these suppliers to release information to Corinthian Distributors Ltd.

1 Company: _____

Address: _____

City: _____ Province/Postal Code: _____
Phone: _____ Fax: _____

2. Company: _____

Address: _____

City: _____ Province/Postal Code: _____
Phone: _____ Fax: _____

3. Company: _____

Address: _____

City: _____ Province/Postal Code: _____
Phone: _____ Fax: _____

1. I certify that information contained herein is true and correct and understand that it will be kept confidential.
2. I further certify that the business is solvent, that it pays its obligations as they come due and its liabilities do not exceed its assets. The foregoing representation shall be deemed to be remade each time a purchase obligation is undertaken with Corinthian Distributors Ltd.
3. I hereby authorize the person or firm to whom this application is submitted to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account.
4. I agree to pay the balance on the invoice within 30 days of the date of the invoice.
5. I agree to pay a service charge of 24% per annum on any amount outstanding from time to time after the due date.
6. Provided that in the event that this is to be a joint account, we hereby jointly and severally covenant and agree to pay this account in accordance with the terms and conditions of this agreement.
7. I hereby agree that nothing herein should bind and compel Corinthian Distributors Ltd. to advance or readvance credit to me and further Corinthian Distributors at its option may alter, limit or cancel the amount and/or terms of credit as extended from time to time.
8. I agree to advise Corinthian Distributors Ltd. forthwith of any change in the information contained in the account application.

Date: _____ Name(Please Print): _____
Signature: _____ Title: _____
Name (if joint account): _____
Signature (joint account): _____