

CANADIAN CREDIT APPLICATION FORM

Date: _____
 Month Day Year

Corporate name (principal debtor): _____		
Commercial name: _____		
Buying group: _____		
Address _____		
City _____	Prov.: _____	Postal Code: _____
Tel. _____	Fax: _____	Email _____

Shipping address: _____		
City _____	Prov.: _____	Postal Code: _____
Contact _____	Tel: _____	Fax _____
Carrier: _____		
Receiving	<input type="checkbox"/> Mon.	<input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat.
Hours:	From: _____	To: _____

Do you: <input type="checkbox"/> Own <input type="checkbox"/> Rent the Building?	In business since: _____
President: _____	V.P.: _____

REFERENCES:

Bank: _____		
Address: _____		
City _____	Prov.: _____	Postal Code: _____
Tel. _____	Fax: _____	Email _____
Account number: _____	Account Director: _____	

Suppliers:

1) Name: _____ Tel: _____ Fax: _____
2) Name: _____ Tel: _____ Fax: _____
3) Name: _____ Tel: _____ Fax: _____
4) Name: _____ Tel: _____ Fax: _____
5) Name: _____ Tel: _____ Fax: _____
6) Name: _____ Tel: _____ Fax: _____

Credit limit requested \$: _____

I, the undersigned, _____ hereby authorize Jaymar Furniture Corp.

to make a full credit investigation as we wish to open an account with you. We promise to honour all conditions and terms as specified on the invoices and the bills of lading. All goods shall remain the property of Jaymar Furniture Corp. until the price is paid in full. Jaymar Furniture Corp. reserves the right to retake possession of goods upon default by the purchaser of any payment. Any late payment will result in our shipments being held and the possibility of losing our credit privileges. A 2% monthly administrative fee and interest (24% per year) will be charged to our account for all past due invoices after 30 days which, after a delay of 90 days, your account may be handed over to a Collection agency.

I stand surely towards Jaymar Furniture Corp. for all debts and obligations, present and future that the Principal Debtor owes it or may owe it from time to time. This suretyship shall bind me solidarily with the Principal Debtor and I hereby waive any benefit of division and discussion. In the event of default on the part of the Principal Debtor to pay all or any part of any debt owed by him, Jaymar Furniture Corp. may claim from me by notice in writing the immediate payment of the full amount payable by the Principal Debtor. In addition, I shall be liable for all costs and expenses incurred by Jaymar Furniture Corp. in connection with the recovery of such amount. The suretyship is not attached to the performance of special duties and is contracted on a strictly personal basis. It shall be continuous and shall remain valid for the whole, notwithstanding the occasional repayment, in whole or in part, of the Principal Debtor's debts, and it shall bind myself and my successors. Should there be more than one surety, the text shall then be deemed to have been written in the first person plural. This suretyship shall not be in substitution for but in addition to any other security that Jaymar Furniture Corp. holds or may hold in the future.

Owner: _____ : _____
Signature Name in block letters

Date: _____
Month / Date / Year

Home address: _____

City: _____ Prov _____ Postal Code _____

IMPORTANT

Please note that a copy of your company Charter (1st page) must be attached to this credit application form otherwise no credit investigation will be undertaken.

Please note that the original copy of this form, once it is correctly filled out, must be mailed to our Head Office as soon as possible.

CONTACT INFORMATION

Please fill out each section below:

BUYER:

Contact Name:	_____	E-mail	_____
Telephone	_____	Toll free	_____
Fax number	_____	Toll free	_____

ORDER DEPARTMENT:

Contact Name:	_____	E-mail	_____
Telephone	_____	Toll free	_____
Fax number	_____	Toll free	_____

ACCOUNTS PAYABLE

Contact Name:	_____	E-mail	_____
Telephone	_____	Toll free	_____
Fax number	_____	Toll free	_____

CUSTOMER SERVICE

Contact Name:	_____	E-mail	_____
Telephone	_____	Toll free	_____
Fax number	_____	Toll free	_____