



# Credit application for business account

Gas Licence # 

|   |           |  |                 |                      |
|---|-----------|--|-----------------|----------------------|
| <b>MONTHLY CREDIT AMOUNT REQUESTED:</b> | <b>\$</b> | <b>TERMS: 30 Days Net</b><br><small>[Customer to Acknowledge By Initialling Here];</small> | <b>COD ONLY</b> | <b>TODAY'S DATE:</b> |
|---|-----------|--|-----------------|----------------------|

**ALL NEW ACCOUNTS WILL BE INITIALLY OPENED AS C.O.D.** (have customer initial in the box)

## BUSINESS PROFILE

|  |           |           |                          |              |             |
|--|-----------|-----------|--------------------------|--------------|-------------|
| Legal Name of Business (in full):                          |           |           | Sole Proprietorship      | Partnership  | Corporation |
| Other Trade name (if different):                           |           |           | Date business commenced: |              |             |
| Registered company address:                                |           |           | HST #:                   |              |             |
| City:  |           | Province: |                          | Postal Code: |             |
| Tel:   | Cellular: | Fax:      |                          |              |             |
| Email:   |           |           | Website:                 |              |             |
| Email Address to send Invoices & Statements: Same as above |           |           |                          |              |             |
| Accounts Payable Contact:                                  |           | Tel:      | Ext:                     | Fax:         |             |

### BUSINESS OWNER | PRESIDENT

|                      |              |        |     |                              |  |
|----------------------|--------------|--------|-----|------------------------------|--|
| Print Full Name:     |              |        |     |                              |  |
| Residential Address: |              |        |     | City:                        |  |
| Province:            | Postal Code: | Rent   | Own | How long at current address? |  |
| Tel:                 | Cellular:    | Email: |     |                              |  |

### OTHER OWNERS | PARTNERS | OFFICERS

| Full Name | Position | Cell Number | Email |
|-----------|----------|-------------|-------|
|           |          |             |       |
|           |          |             |       |

## BANK REFERENCE

|             |                 |  |                        |  |        |
|-------------|-----------------|--|------------------------|--|--------|
| Bank Name:  | Branch Address: | Account Number:                                | Account Manager Name:  | Tel:   | Email: |
| Branch No.: | Transit No.:    | Line of Credit:<br>Yes                      No | How Long At This Bank? | Do you wish to make Credit Card Payments?<br>Yes                      No |        |

### BUSINESS / TRADE REFERENCES:

|          |                                |                  |                    |                     |              |
|----------|--------------------------------|------------------|--------------------|---------------------|--------------|
| <b>1</b> | Company Name:                  | Address:         | City:              | Province:           | Postal Code: |
|          | Tel:                           | Email:           | Fax:               | Your Account Limit: |              |
|          | Accounts Payable Contact Name: | A/P Contact Tel: | A/P Contact Email: |                     |              |
| <b>2</b> | Company Name:                  | Address:         | City:              | Province:           | Postal Code: |
|          | Tel:                           | Email:           | Fax:               | Your Account Limit: |              |
|          | Accounts Payable Contact Name: | A/P Contact Tel: | A/P Contact Email: |                     |              |

- 1 By submitting this application, I (we) certify that the above information is true and correct to **Nordics Inc.** (all entities).
- 2 I authorize Nordics Inc. to make inquiries into banking and business+trade references that have we have supplied. And to conduct or cause to be conducted as required credit investigations on myself, my (our) company (ies) and any related persons or companies. Also to divulge credit references to other creditors as requested, with regards to credit line established and payment history of account(s). The authorization shall apply to this application and subsequently for the purposes of update, renewal or extension of such credit and for reviewing or collecting the resulting account.
- 3 Acknowledge that Nordics Inc. may at its own discretion suspend all credit privileges on our account.
- 4 I (we) agree that every statement of account shall be deemed as authorized and correct, unless a written notice to the contrary is received.
- 5 I (we) am authorized to bind the company and agree to pay invoices in full **NET 30 DAYS** from date of invoices. Accounts not paid within terms shall be deemed to be overdue and accept that there is an interest charge of 2% per month (or 24% per annum) on the amount of any balance outstanding over 30 days.
- 6 I (we) agree to pay all costs of collection and/or legal fees in the event such actions become necessary to recover the balance owned in my account.
- 7 All changes in my (our) company's structure and/or it's owners and shareholders will be immediately reported to Nordics Inc. in writing.
- 8 I \_\_\_\_\_ (full name) undertake to make a personal guarantee to pay for all outstanding debts incurred by \_\_\_\_\_ (company's name).

### AUTHORIZED SIGNATURE

|        |       |            |       |
|--------|-------|------------|-------|
| TITLE: | NAME: | SIGNATURE: | DATE: |
|--------|-------|------------|-------|

Please fill out the form completely and email to: [accounts@nordics.ca](mailto:accounts@nordics.ca) – Attention: Credit Department