



APPLICATION FOR CREDIT

Sudbury	Timmins	SS Marie
345 Regent St.	167 Wilson Ave.	45 White Oak Dr
P3C 4E1	P4N 2T2	P6B 4J7
705-675-5281	705-268-3221	705-949-9969
705-675-8348 fax	705-268-3564 fax	705-949-3016 fax

Individual of Firm Name (in full): _____

Billing Address: _____ Shipping Address: _____

Postal Code: _____ Postal Code: _____

Phone #: _____ Phone #: _____

Fax#: _____ Fax#: _____

Type of Business: _____ No. Years in Business _____

Our Legal Entity is: Corporation Partnership Proprietorship

(If a corporation, list names of officers and titles. If another entity, list names of partners or owners.)

Name Title Address City Phone

Name Title Address City Phone

Name Title Address City Phone

Bank References

Name Address City Phone

Account Number Officer to Contact

Name Address City Phone

Account Number Officer to Contact

Business References

Name Address City Phone

Name Address City Phone

Name Address City Phone

Name Address City Phone

Our monthly credit requirements from Reliable Maintenance Products will be about \$_____.

Purchasing Officer

Name Phone Fax Email Address

Accounts Payable

Name Phone Fax Email Address

I/We hereby authorize Reliable Window Cleaners (Sudbury) Ltd. to conduct or cause to be conducted, a personal investigation regarding me and/or us from others listed on this form. The undersigned understands that all invoices are due in accordance with the terms stated on such invoices. The undersigned understands that any part of the amount billed that remains unpaid after the terms will be subject to a **FINANCE CHARGE** at the rate of two percent (2%) per month, to all of which the undersigned applicant for credit consents and agrees.

I/We have read the above statements and agree to the terms and disclosures set forth on this application.

Date: _____ Signed: _____

Title