

CREDIT APPLICATION



HERCULES SEALING PRODUCTS CANADA
 226 LOCKHART RD
 BARRIE, ONTARIO L4N 9G8
 TOLL FREE 1-800-665-7325
 705-739-6735
 FAX FREE 1-800-565-6990
 705-739-6731

COMPANY INFORMATION

Company Name: _____			
Billing Address: _____	City: _____	Prov.: _____	P / C: _____
Shipping Address: _____	City: _____	Prov.: _____	P / C: _____
Branch Office: _____			
Phone: _____	Fax: _____		
Document E-Mail Address: _____			
Business Structure (Sole Ownership, Partnership, Corporation): _____			
Type of Business: _____	Year Business Established: _____	At Current Address Since: _____	
GST #: _____	PST #: _____		
Owner/President: _____			
Manager: _____			
Controller: _____			

BANK REFERENCES

Bank Name and Address: _____	Contact Name & Phone: _____
Account #: _____	

TRADE REFERENCES

Firm Name: _____	City, Prov.: _____	Fax: _____
1: _____		
2: _____		
3: _____		

CREDIT AGREEMENT

I understand the following and will abide by your company regulations:

1. Notify Hercules Sealing Products Canada of any changes in ownership of our company.
2. If granted credit, our company agrees to pay all invoices within 30 days of invoice date.
3. It is agreed that our company will pay 1.5% per month which is 18% yearly for all past due balances.
4. It is agreed that our account will become COD if we fail to pay invoices within the above stated terms.
5. Our company financial condition is satisfactory and we can meet all financial obligations.
6. There are no lawsuits or judgements against me at this present time. If our company defaults on payment of any outstanding valid invoices we agree to pay attorney and/or collection expenses.

Credit Amount Requested

I AGREE TO PAY MY ACCOUNT WITHIN THE TERMS AND AUTHORIZE YOU TO OBTAIN SUCH INFORMATION YOU MAY REQUIRE CONCERNING THIS APPLICATION.

DATE _____ SIGNED _____
 X _____ TITLE _____

PERSONAL GUARANTEE

PLEASE INDICATE HOW YOU WOULD LIKE TO RECEIVE YOUR INVOICES:

MAIL: _____ FAX: _____ EMAIL: _____

PLEASE INDICATE HOW YOU WOULD LIKE TO SHIP YOUR GOODS:

PREPAID AND BILL ME: _____ COURIER: _____ COLLECT ON MY ACCOUNT # _____

DO NOT WRITE IN THIS BOX - FOR HERCULES USE ONLY

Customer #: _____ Type: _____ Territory: _____
 Copies: _____ Date Added: _____ Approved By: _____