



8520 Jane St. Unit # 5
Concord, Ontario L4K 5A9

TEL: (905) 553-7171

FAX: (905) 553-5575

Credit Application Form

Company/Trade Name _____

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Fax _____

of years in Business _____ Nature of Business _____ # of employees _____

Phone _____

Purchasing Contact _____ Email _____

Maintenance Contact _____ Email _____

Accounts Payable Contact _____ Email _____

How would you like to Receive your invoices? FAXED Fax # _____ EMAILED Email address _____

Purchase Orders Are Requires on All Orders NO YES

Estimated Monthly Purchases _____

Principals in Company

1. Name _____ Title _____

2. Name _____ Title _____

3. Name _____ Title _____



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Credit References

Bank Information

Bank _____	Branch Address _____
Account # _____	Contact Name _____
Phone # _____	Fax number _____

Supplier References

1. Company Name _____	Contact Name _____
Address _____	
Phone Number _____	Fax Number _____
2. Company Name _____	Contact Name _____
Address _____	
Phone Number _____	Fax Number _____
3. Company Name _____	Contact Name _____
Address _____	
Phone Number _____	Fax Number _____

We/I hereby consent Maple Electric Supply to conduct a credit history; to acquire our bank or any other source credit information for the sole purpose of their credit department. We/I understand that upon credit approval, Terms are net 30 days. You may request C.O.D. only. All invoices shall be payable net and all arrears and overdue will bear interest at the minimum rate of 2% per month or 24% per annum. Payable according to the terms indicated on the statements and invoices.

Signature _____	Print Name _____	Position _____	Date _____
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Internal Use	<input type="checkbox"/> ACCEPTED Customer # _____	Salesperson _____	<input type="checkbox"/> DECLINED
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