

Business Credit Application

Complete ALL applicable fields and return complted form to online@hdap.ca

	Customer Account No				
Name/Address					
Last: First:		Middle Initia	ıl:	Title	
Name of Business:				HST Number:	
				(**Required)	
Address:				Unit:	
City: Province:	:	Postal Code:		Phone:	
Company Information					
Type of Business:	In Business Since:				
Legal Form Under Which Business Operates:	Corporation	Partne	rshin	Sola F	Proprietorship
If Division/Subsidiary, Name of Parent Company:	Corporation Partnership Sole Proprietorship In Business Since:				
Name of Company Principal Responsible for Business Tr					
Address: City:		Province:	Postal C	ode: Pho	ne:
Name of Company Principal Responsible for Business Tr	aneactions:				
Address: City:		Province:	Postal C	ode: Pro	one:
Bank References					
Institution Name:	Institution Name:		Ins	stitution Name:	
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Checking Account #:	Savings Account #:		Ho	ome Equity Loan:	Loan Balance:
Institution Address:	Institution Address:		Ins	stitution Address:	l
Phone:	Phone:		Ph	one:	
Tuesda Defensiones			•		
Trade References	Company Name:		Co	ompany Name:	
Company Name: Contact Name:	Contact Name:		_	. ,	
Address:	Address:			ontact Name:	
Address.	Address.		Au	uress.	
Phone:	Phone:		Ph	one:	
Account Opened Since:	Account Opened Since:			count Opened Since:	
Credit Limit:	Credit Limit:			edit Limit:	
Current Balance:	Current Balance:			Current Balance:	
Sales Person: (Office Use Only:)					



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Administrative Information

Shipping Address if different then billing:						
Address:						
City:		Province:	Postal Code:	Phone:		
Invoice Delivery Method:			Statement Delivery Method:			
Print	Email			Email	NOTE: unless a Special Request is made, Statements will only be sent via email to Accounting and/or Main Contacts below	
Accounts Receivable Contact: (** required)						
Name:		Phone:		Email:		
Alternate Contact In	formation:					
				Main		
Name:		Phone:		Email:		
				Sales		
Name:		Phone:		Email:		
** "Sales" email above is for receiving HDAP marketing (Promotions, Flyers, Special Events, etc). If required, please send additional recipients to online@hdap.ca						

Important terms and conditions of sale: Payment terms are as stated on invoice. A late payment charge of 2% per month (24% per annum) or any other rate as indicated on the invoice will be charged on any account having a past due balance. Title to goods will not pass until payment for goods is received in full. Applicable sales tax will be charged unless appropriate exemption certificates duly signed are received in accordance with government regulations. Hamilton discount auto parts and supplies Inc. reserves the right to deny and revoke all credit privileges and to change these terms and conditions of sale without notice.

I certify that the information contained in this credit application is true and complete. I acknowledge and recognize that Hamilton Discount Auto Parts and Supplies Inc. ("Seller") has a legitimate purpose for requiring the information contained in this credit application and that Seller will rely on the information to establish, extend or renew credit. I authorize Seller to collect, disclose, retain and use all relevant information and data, including personal information, furnished by me or any other person, including credit reporting agencies, relating to the present application or pertaining to my credit responsibility. I hereby expressly authorize such persons to release credit and other information and data to Seller or its agents and affiliates for this purpose. I authorize Seller to communicate this information to any person as may be required by Seller for this purpose. These authorizations apply equally to any amendment, extension or renewal of any undertaking or guarantee arising from the present application. I hereby agree and guarantee to pay all reasonable collection costs and legal fees incurred by Seller in enforcing this agreement and authorizations or in the event of non-payment. I acknowledge and understand, and agree to comply with, the terms and conditions of sale. I agree to the foregoing and certify that I have authority to bind the applicant.

Names of Officer/Principal/Owner (Please Print)	Title	Signature	Date
1.			
2.			