



Business Credit Application

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

For Office Use Only

Customer Account No

Name/Address

Last:	First:	Middle Initial:	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 Partnership Sole Proprietorship
If Division/Subsidiary, Name of Parent Company:	In Business Since:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: Province: Postal Code: Phone:
Name of Company Principal Responsible for Business Transactions:	Title:
Address:	City: Province: Postal Code: Phone:

Bank References

Institution Name:	Institution Name:	Institution Name:
Checking Account #:	Savings Account #:	Home Equity Loan: Loan Balance:
Institution Address:	Institution Address:	Institution Address:
Phone:	Phone:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

Sales Person: (Office Use Only:)



Business Credit Application

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 <u>only</u> be sent via email to Accounting and/or Main Contacts below
Accounts Receivable Contact: (** required)			
Name:	Phone:	Email:	
Alternate Contact Information:			
Name:	Phone:	Main Email:	
Name:	Phone:	Sales 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.			



Hamilton Discount Auto Parts Group
102 Catharine St N | Hamilton, ON | L8R 1J4
(905) 525-7770 | www.hdap.ca
HST# 875884702 RT0001

Set Up Your Preferred Payment Method!

Keep your account current and simplify your payment process.

We're committed to making payments as seamless and secure as possible for our customers. This form is designed to:

- Collect your preferred method of payment (Credit Card or EFT)
- Ensure we have proper authorization on file for future transactions
- Confirm whether we have permission to process your card if your account reaches a credit hold or limit
- By having these details on file, we can help keep your account in good standing and avoid any unnecessary disruptions.

Why This Matters:

- Saves time and effort – No need to send cheques or initiate manual payments
- Reduces delays – Ensures prompt payment processing and account continuity
- Improves security – All payment authorizations are handled with care and compliance
- Supports dispute protection – Ensures both parties are protected with proper authorization protocols

Looking Ahead:

We're offering more convenient payment options like credit card and EFT to simplify your payment process. While cheque payments are still accepted, many customers are finding these methods faster and more efficient.

Questions?

For general inquiries, please email our accounting department at accounting@hdap.ca. Allow up to 24 business hours for a response. For urgent matters, contact our Head Office directly. **To make payments via EFT please reach out to our accounting department for more details. We do not accept email transfers (Interac e-Transfers).**



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Credit Card Authorization Form

BUSINESS INFORMATION

Business Name: _____ Account #: _____
Billing Address: _____ City: _____ Province: _____
Postal Code: _____
Email: _____ Phone: _____

PAYMENT OPTIONS

- ☐ Card on file only
☐ Card on file, run on _____ of month, call before running
☐ Card on file, run on _____ of month, do not call before running
☐ Card on file, under _____ dollar amount, when near credit limit or on credit hold
☐ Card on file, under _____ dollar amount, when near credit limit

CARD INFORMATION

Account Type: ☐ Visa ☐ MasterCard ☐ Amex ☐ Debit Visa

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3-digit number on back of Visa/MC, 4-digits on front of AMEX) _____

☐ I authorize my card to be kept on file at HDAP head office

AUTHORIZATION

FULL NAME: _____

SIGNATURE: _____ DATE: _____

I authorize the Hamilton Discount Auto Parts Group to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

INTERNAL USE ONLY

Date Filed: _____ ☐ Head Office ☐ Store Location: _____