

APPLICATION FOR CREDIT

* Required Information

THE FASTENER GROUP



*FOR WHAT CITY REGINA

APPLICATION FOR CREDIT: CONFIDENTIAL

FAX: 306-721-6011

GENERAL INFORMATION: For the purpose of obtaining merchandise on credit, the following statement in writing is made by the applicant. All information supplied is true and correct. Application authorizes our Company to contact all references given and to inquire as to applicant's credit history. Upon the approval of this application, applicant agrees to abide by the terms and conditions of sale as outlined on our invoices. Applicant further agrees to notify us in writing within five days of any change of ownership, address, telephone or authorized purchasing agent(s).

*Legal name of Firm: _____

*Name of Parent Company (If Subsidiary): _____

Affiliated with _____ eMail: _____

*Principle Business Address: _____ Phone: _____

*City: _____ Province: _____ Code: _____ Fax: _____

*Type of Business (Manufacturing, wholesale, retail, service, Other (Specify) _____

*Type of Product Sold: _____ Total # Employees: _____ Years in Business: _____

*Sales Volume last year: _____ Estimated Net Worth _____ Est Annual Sales: _____

***REFERENCES:**

Bank: _____ Address: _____ City: _____

Prov: _____ Code: _____ Phone: _____

TRADE REFERENCES: Three required, four preferred (with fax and phone #'s) Give only those principle suppliers from whom you buy on open account.

*Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ Prov _____ Code: _____

*Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ Prov _____ Code: _____

*Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ Prov _____ Code: _____

Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ Prov _____ Code: _____

***CREDIT REQUIREMENTS**

State your approximate monthly credit requirements from us: \$ _____

Please list all authorized purchasing agents and if you require PO #'s: _____

1. _____ 2. _____

3. _____ 4. _____

*The undersigned agrees to the following terms and to pay service charges on overdue accounts.

TERMS: Net 30 days from date of invoice. INTEREST; 1.5% per month on outstanding balances (18% per year)

DATE: _____ YEAR: _____ COMPANY: _____

Signature of Owners(s), Officer or Agent: _____ Title: _____