



MASTER CREDIT APPLICATION

| | | | |
|--|--|------------------------------|--------|
| Client ID Number: | | Date: | |
| Company Information: | | | |
| Business Name: | | | |
| Street Address: | | | |
| Billing Address: | | | |
| Phone: | | Fax: | |
| Nature of Business: | | Number of Yrs. In Operation: | |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship | | G.S.T.# | |
| Acct. Payable Contact: | | Phone: | Email: |
| How often do you plan to use our services/per month? | | | |
| Credit Requested: | | | |
| Owners/Directors: | | | |
| 1) | | | |
| 2) | | | |
| 3) | | | |
| Bank Information: | | | |
| Bank: | | Account number: | |
| Address: | | | |
| Contact: | | Phone: | |

Trade References (Please list three - must have at least one in transportation)**Company Name:**

Contact:

Phone:

Email:

Address:

Company Name:

Contact:

Phone:

Email:

Address:

Company Name:

Contact:

Phone:

Email:

Address:

1. The Customer acknowledges and agrees that the terms of payment are net 30 days of invoice and are subject to 2% a month, 24% per annum on overdue accounts

2. The Customer hereby authorizes their bank, as outlined above, and all other credit resources to release general credit information to RTL-Westcan Group of Companies

3. It is agreed that my/our account will become C.O.D. if I/we fail to pay invoices within the above stated terms.

4. My/our financial condition is satisfactory and I/we can meet all financial obligations

5. There are no lawsuits or judgements against me/us at this present time. If I/we default on payment of any outstanding invoices, I/we agree to pay legal and/or collection expenses.

6. I/we authorize Westcan to conduct, from time to time, personal and/or business credit investigation necessary to establish and maintain a credit account.

In consideration of you extending credit to the undersigned, I/we jointly and severally agree to pay our account according to your usual terms of sale.

Name of Authorized Person:

Position:

Signature of Authorized Person: