



CREDIT APPLICATION

ACCOUNT REP: _____

LOCATION: _____

DATE: _____

SUBMITTAL DATE: _____

ISSUE DATE: _____

COMPANY INFORMATION:

LEGAL NAME: _____

COMPANY ADDRESS: _____

TEL/EXT: _____

CITY / PROVINCE _____

FAX: _____

TYPE OF BUSINESS: _____

POSTAL CODE: _____

EMAIL ADDRESS: _____

YEARS IN BUSINESS: _____

PRINCIPALS:

OWNERS NAME: _____

ADDRESS: _____

TEL/EXT: _____

CITY / PROVINCE: _____

FAX: _____

DRIVERS LICENSE: _____

OWNERS NAME: _____

ADDRESS: _____

TEL/EXT: _____

CITY / PROVINCE: _____

FAX: _____

DRIVERS LICENSE: _____

PERSONS AUTHORIZED TO PURCHASE

PURCHASE ORDER REQUIRED: **YES NO**

1. _____

2. _____

REFERENCES (If providing company format please attach)

NAME	ADDRESS	TEL./CONTACT
1.		
2.		
3.		





CREDIT APPLICATION

TERMS OF SALES NET 30 DAYS

1. A MONTHLY SERVICE CHARGE OF 1% (12% PER ANNUM) WILL BE APPLIED TO ALL OVERDUE ACCOUNTS.
2. I HEREBY REQUEST CREDIT APPROVAL FOR OUR COMPANY AND CONFIRM THAT THE ABOVE INFORMATION IS TRUE AND THAT WE ARE IN AGREEMENT WITH THE TERMS AND CONDITIONS
3. I AUTHORIZE WATSON BUILDING SUPPLIES TO RUN PERIODIC CREDIT CHECKS TO VERIFY MY CREDIT INFORMATION AND STATUS.
4. FACSIMILE COPY OF THIS CREDIT APPLICATION SHALL HAVE THE SAME FORCE AND EFFECT AS THE ORIGINAL COPY.

SIGNATURE: _____ DATE: _____

NAME: _____ TITLE: _____

CREDIT LIMIT REQUESTED: \$ _____

INVOICING & STATEMENTS:

- INVOICES WILL BE EMAILED DAILY WEEKLY MONTHLY

EMAIL ADDRESS: _____

- STATEMENTS WILL BE EMAILED FOLLOWING MONTH END CLOSE FOR THE PRIOR MONTH.

PLEASE FORWARD TO OUR ACCOUNTS RECEIVABLE MANAGER:

CONTACT: Credit Manager
FAX 905 652 2675
EMAIL: ar@watsonbuildingsupplies.com

PAYMENTS FOR ALL LOCATIONS TO BE REMITTED TO:

**WATSON BUILDING SUPPLIES INC.
50 ROYAL GROUP CRES, UNIT 2
VAUGHAN, ON L4H 1X9**