



90 Wright Ave  
Dartmouth NS  
B3B 1P2  
Tel: (902) 482-6145  
Fax: (902) 468-4157

## Credit Application

Please fill in and fax to 468-4157

Registered Company Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_  
(if different from above)

Type of Business: \_\_\_\_\_ How long in business: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact Person: \_\_\_\_\_

### Principals of Company:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Phone of Bank: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### Credit References:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you use Purchase Orders? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you require damage waiver insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Our terms are net 30 days, a finance charge of 2% per month (annual rate of 24%) will be charged on all overdue accounts.

Consumer Consent Clause to be signed by individual requesting credit, if no consumer information can be obtained.

I authorize Macfarlands Ltd to obtain or exchange any personal information agent towards establishing or verifying my financial standing:

**Manager's Signature:** \_\_\_\_\_