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CREDIT APPLICATION

Request for N/30 PAYMENT TERMS

Please PRINT

LEGAL CORPORATE NAME: _____
 TRADE NAME: _____
 ADDRESS: _____
 Tel#: _____ Fax#: _____ Email: _____
 # of YEARS IN BUSINESS: _____
 BUSINESS #: _____
 OWNER'S NAME: _____ HOME TEL#: _____
 HOME ADDRESS: _____

BANK NAME: _____ ADDRESS: _____
 ACCOUNT#: _____ CONTACT: _____
 A/P CONTACT: _____ FAX#: _____

TRADE REFERENCES:

1. _____ Fax#: _____
 2. _____ Fax#: _____
 3. _____ Fax#: _____

In the event credit privileges are extended, I/we agree to abide by the terms of sales of Net 30 Days and conditions. The information given is warranted to be true and given for the purpose of obtaining credit. The applicant consents to the obtaining of credit and/or personal information as may be required in connection with the credit line hereby applied for, or any renewal or extension thereof, and to the disclosure of any information concerning the undersigned to any credit agency or to any person with whom the undersigned has or proposes to have financial relations. Failure to comply with these Terms and Conditions may result in cancellation of Credit privileges without notice.

DATE: _____

SIGNATURE: _____