



75 GREEN COURT, AJAX, ON L1S 6W9  
 Phone: 905-426-5188 Toll Free: 1-800-263-4697  
 Fax: 905-426-2990

### CREDIT APPLICATION

BUSINESS NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 BUSINESS ADDRESS \_\_\_\_\_ UNIT # \_\_\_\_\_  
 CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
 IS BUSINESS INCORPORATED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 IF YES, FULL NAME OF INCORPORATION: \_\_\_\_\_  
 OWNERS/DIRECTORS NAMES (please print)  
 NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 SIN# \_\_\_\_\_ PHONE: \_\_\_\_\_  
 NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 SIN# \_\_\_\_\_ PHONE: \_\_\_\_\_  
 NAME OF BANK: \_\_\_\_\_ BRANCH # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ PHONE: \_\_\_\_\_

**TRADE REFERENCES**

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

By signing this application I confirm that I have authority to bind the business and/or the corporation and I agree to abide by the terms of sale as stated on the invoices. I also agree that any overdue accounts are subject to a charge of 2% per month (24% per year) to be levied at the discretion of Olympic Wholesale. I understand that any cheque not honoured by my bank for any reason will be charged a \$25.00 fee for administration. I authorize Olympic Wholesale to obtain bank reports and credit information on the business/corporation through whatever means at their disposal and further in the case of a non-incorporated business to obtain bank reports and personal information with any personal information agent for the purpose of establishing credit or verifying my financial position. I understand that such information will be kept strictly confidential.

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20 \_\_\_\_\_ SIGNED BY (please print) \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_  
 POSITION IN COMPANY \_\_\_\_\_  
 NAME OF CORPORATION \_\_\_\_\_

### GUARANTEE AND INDEMNITY

In consideration of Olympic Wholesale's agreement to deal with the above applicant, and in consideration of the advancement of credit to the applicant, the undersigned, and each of them jointly and severally if more than one, agrees personally as principal debtor, to guarantee and indemnify Olympic Wholesale for the payment of all monies due to Olympic Wholesale by the applicant at any time in the future. Olympic Wholesale shall be entitled to obtain personal information with any personal information agent with respect to the undersigned guarantors.

Without limitation to this guarantee and indemnity Olympic Wholesale shall be entitled to extend time for payment, vary or refuse credit terms. This guarantee and indemnity shall survive the bankruptcy of the applicant and any change in the applicant's name, partnership or corporate constitution.

The undersigned, or each of them, acknowledge that he has read and understood the terms of this guarantee and indemnity.

SIGNED BY (print): \_\_\_\_\_ WITNESSED BY (print) \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 SIGNED BY (print): \_\_\_\_\_ WITNESSED BY (print) \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE ONLY

TERRITORY CODE.: \_\_\_\_\_ SALES CLASS \_\_\_\_\_  
 CATEGORY: \_\_\_\_\_ RECEIVING HRS. \_\_\_\_\_  
 TAX STATUS \_\_\_\_\_ REQUESTED TERMS \_\_\_\_\_  
 H/O BILLING A/C \_\_\_\_\_ STATEMENT? (Y/N) \_\_\_\_\_  
 A/P CONTACT \_\_\_\_\_ PRICE LIST? (Y/N) \_\_\_\_\_  
 FLYER? (Y/N) \_\_\_\_\_ DELIVERY DAY(S) \_\_\_\_\_