

**CORPORATE OFFICE**

42 SCOTT ST WEST
ST. CATHARINES, ON
T: (905) 685-6245
F: (905) 685-6397
INFO@FASTEK.CA

HAMILTON

240 NEBO ROAD, UNIT 4
HAMILTON, ON
P: (905) 387-2977
F: (905) 387-2679
HAMILTON@FASTEK.CA

BARRIE

551 BRYNE DRIVE, UNIT B & C1
BARRIE, ON
P: (705) 726-5333
F: (705) 726-3782
BARRIE@FASTEK.CA

CREDIT APPLICATION & AGREEMENT

Company's Legal Name _____

Bill To Address _____

Province _____ Postal Code _____

Email _____

HST Number _____

Ship To Address _____

Province _____

Fastek Sales Rep _____

Company's Trade Name _____

City _____

Phone Number _____

Fax Number _____

City _____

Postal Code _____

State full name and titles of Company Principals. Use home address if Sole Proprietorship/Partnership

1 Name _____
Address _____

Title _____

2 Name _____
Address _____

Title _____

Type of business: ☐ Sole Proprietorship ☐ Partnership ☐ Limited Company Year business started _____

Operated under present ownership since _____

Number of years in business _____

Credit limit requested \$ _____

Contact name for Accounts Payable _____

Phone number _____

Email _____

Statement needed ☐ Yes ☐ No P.O. required ☐ Yes ☐ No Invoices sent by ☐ Email ☐ Fax ☐ Mail

List four main suppliers as references. Do not include secured creditors or office supply companies.

1 Name _____
Address _____Phone _____ Fax _____
Email _____2 Name _____
Address _____Phone _____ Fax _____
Email _____3 Name _____
Address _____Phone _____ Fax _____
Email _____4 Name _____
Address _____Phone _____ Fax _____
Email _____

List Bank Reference

Bank _____

Phone _____

Address _____

Fax _____

Contact _____

Account number _____

TERMS: OUR TERMS OF PAYMENT ARE NET 30 DAYS

The undersigned certifies the above to be true and affirms that any credit given to us is extended upon the basis of such information. The undersigned consents to the obtaining of credit and/or personal information as may be required at any time in connection with the credit hereby applied for or any removal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency or to any person with whom the undersigned has or proposes to have financial relations. Title of goods shall remain with FASTEK INC. until account is paid in full.

Date [DD/MM/YYYY] _____

Authorized signature _____

Title _____

Printed name _____

PLEASE REMIT ALL PAYMENTS TO FASTEK INC. 42 SCOTT ST. WEST ST. CATHARINES, ON L2R 1C9