



MAZIN FURNITURE

H O M E L E G A N C E



scan and e-mail to: asam@mazinfurniture.com OR fax to: 905-761-1584
OR post to: 8080 Keele Street, Concord, ON L4K 2A3

APPLICATION FOR CREDIT TERMS

ACCURATE INFORMATION ENSURES A SPEEDY CREDIT CHECK & ORDER PROCESSING. COMPLETE ALL FIELDS.

LEGAL BUSINESS NAME		CORPORATION PARTNERSHIP SOLE OWNERSHIP	DATE OF INCORPORATION	
BUSINESS OPERATING NAME <input type="checkbox"/> SAME AS ABOVE		YEARS IN BUSINESS UNDER THIS OPERATING NAME	SALES REPRESENTATIVE	
BUSINESS STREET ADDRESS APT.		CITY	PROV	POSTAL CODE
PHONE	FAX	E-MAIL		

NAME OF PRINCIPAL / OWNER		DATE OF BIRTH	DAY MONTH YEAR	SOCIAL INSURANCE NUMBER	
PRINCIPAL / OWNER STREET ADDRESS APT.		CITY	PROV	POSTAL CODE	
DAYTIME PHONE	FAX	PRINCIPAL / OWNER'S E-MAIL			

NAME OF BANK		BRANCH		
BRANCH STREET ADDRESS		CITY	PROV	POSTAL CODE
BANK CONTACT NAME & TITLE		BANK CONTACT E-MAIL		
BANK ACCOUNT NUMBER	P.S.T. LICENSE NUMBER	G.S.T. LICENSE NUMBER		

HOME FURNISHINGS SUPPLIER #1		CONTACT NAME
CITY	PHONE	E-MAIL

HOME FURNISHINGS SUPPLIER #2		CONTACT NAME
CITY	PHONE	E-MAIL

HOME FURNISHINGS SUPPLIER #3		CONTACT NAME
CITY	PHONE	E-MAIL

Applicant agrees that extension of credit by Mazin Furniture Industries Limited shall be subject to and in consideration of the following terms and conditions: Payment of all amounts due as indicated on each invoice. Amounts not paid on time are subject to a 1 ½% service charge per month until paid in full. Should it be necessary to refer the account balance to a licensed collection agency or attorney for legal action, the applicant shall pay all subsequent charges and legal fees. Applicant authorizes credit references and banking information to be released to Mazin Furniture Industries Limited.

SIGNATURE OF PRINCIPAL / OWNER _____ TITLE _____ DATE _____

FOR OFFICE USE ONLY			
ACCOUNT	TERMS	CREDIT LIMIT	APPROVED