

**CREDIT DEPARTMENT**

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EM LOCATIONS TO SERVE YOU*BURNABY, BRITISH COLUMBIA**EDMONTON/CALGARY, ALBERTA**WINNIPEG, MANITOBA**TORONTO/WINDSOR, ONTARIO**MONTREAL, QUEBEC**DARTMOUTH, NOVA SCOTIA**ST. JOHN'S, NEWFOUNDLAND***Office Use Only:****Date:** _____**Account Number:** _____**Territory** _____**Mkt. Seg.:** _____**Cust. Code:** _____**PLEASE COMPLETE ALL PERTINENT INFORMATION REQUIRED
CONFIDENTIAL CUSTOMER CREDIT APPLICATION****CREDIT TERMS**

- All accounts rendered by EM Plastic & Electric Products Limited are to be paid within 30 days from invoice date. This is EM Plastic's standard policy, unless otherwise specified contractually.
- Failure to settle accounts as required will be considered sufficient cause for immediate suspension of credit.
- Past due accounts are subject to late payment charge.

Contact Information:

Please forward invoices, credit notes and statements by: Fax _____ E-Mail _____ Mail: _____

Internet Website Address: _____

E-Mail Address (Principal of Company): _____

E-Mail Address (Accounts Payable): _____

Purchase Order Required Upon Order: Yes _____ No _____

Name of Business & Street Address:

LEGAL NAME OF COMPANY _____

TELEPHONE # _____

FAX # _____

STREET _____

US FED TAX ID (must relate to this address) _____

CITY/STATE _____

ZIP CODE _____

Ship to Address (If applicable)**Same As Above:** _____

STREET _____

CITY/STATE _____

ZIP CODE _____

Form of Business:

PROPRIETORSHIP: _____ PARTNERSHIP: _____ CORPORATION: _____

OTHER: _____ Describe, if OTHER: _____

Full Names & Addresses of Owners & Partners (President & VP if Corporation):

NAME & TITLE

ADDRESS

NAME & TITLE

ADDRESS

NAME & TITLE

ADDRESS

Other Company Information:

NAME OF PARENT COMPANY & AFFILIATION (IF APPLICABLE)

NATURE OF BUSINESS

DATE BUSINESS STARTED

Production: _____ Admin/Sales: _____
NUMBER OF EMPLOYEES

PREMISES:

RENT: _____

OWN: _____

TOTAL SQUARE METRES: _____

Bank Reference:

BANK NAME & TRANSIT NUMBER

TELEPHONE #

FAX #

ADDRESS

ACCOUNT #

BANK CONTACT

TITLE

Trade References (minimum of 3 required at the level of credit requested):

TRADE REFERENCE NAME

CITY & PROVINCE

TELEPHONE NUMBER

FACSIMILE NUMBER

1. _____

2. _____

3. _____

4. _____

ESTIMATED MONTHLY PURCHASES (Total): _____

AMOUNT OF CREDIT REQUESTED FROM EM PLASTIC: _____

ACCOUNTS PAYABLE CONTACT : _____

I, the undersigned, a) certify all the information above to be true and complete; b) authorize and consent to the receipt and provision of account and credit information from and to Credit Grantors, Credit Bureaus, and Suppliers of Services.

AUTHORIZED SIGNING OFFICER & TITLE

DATE

TITLE