



CREDIT DEPARTMENT
14 Brewster Road
Brampton, Ontario L6T 5B7
Telephone: (905) 913-3000
Toll Free: 1-800-465-4455
Facsimile: (905) 913-3036
Facsimile: 1-800-967-2717

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 _____

GST # / HST # _____

CITY/PROVINCE _____

POSTAL CODE _____

PST # _____

Ship to Address (If applicable)

Same As Above: _____

STREET _____

CITY/PROVINCE _____

POSTAL 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