



Address:

2895 Argentia Road
Unit #6, Mississauga
ON L5N 8G6 CA

Tel: (905) 814-7800
Fax: (905) 814-0774

Email: info@interiorsolutions.ca
www: interiorsolutions.ca

I N T E R I O R S O L U T I O N S

Under One Roof!

COMMERCIAL CREDIT APPLICATION

___ Corporation ___ Partnership ___ Sole Proprietorship • G.S.T/Fed. Tax #: _____ Prov./State Tax #: _____

Legal Name of Business: _____

Full Street Address: _____

Bill To Address: _____

Telephone Number: (____) _____ Fax Number: (____) _____

Type of Business: _____ Year Business Started: _____

Annual Sales Volume: \$ _____ Number of Employees: _____

Expected Interior Solutions Purchases: \$ _____ Credit Limit Request: \$ _____

Interior Solutions Sales Representative: _____

If the business is a corporation, please list the names and addresses of its officers and/or directors. If the business is a partnership or sole proprietorship, please list the name, address and SIN/SSN number of each partner or proprietor.

1) Name: _____ Title: _____

Address & SIN/SSN: _____

2) Name: _____ Title: _____

Address & SIN/SSN: _____

3) Name: _____ Title: _____

Address & SIN/SSN: _____

— BANK —

Name: _____ Acct #: _____

Branch Address: _____ Tel. #: (____) _____

Acct. Manager: _____ Fax #: (____) _____

— TRADE REFERENCES —

1. Name: _____ Acct #: _____

Address: _____ Tel. #: (____) _____

_____ Fax #: (____) _____



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COMMERCIAL CREDIT APPLICATION (cont.)

TRADE REFERENCES (cont.)

2. Name: Acct #:

Address: Tel. #: ()

Fax #: ()

3. Name: Acct #:

Address: Tel. #: ()

Fax #: ()

TERMS & CONDITIONS

For the purpose of establishing and maintaining credit, the foregoing statement and information contained in this application are full and correct statements of the customer's financial condition.

The undersigned authorizes Interior Solutions to make inquiry into, to request, and to receive any character, financial or credit information which Interior Solutions deems relevant for the granting and collection of the proposed indebtedness.

The undersigned agrees to pay all charges within 30 days following the invoice date. Invoices not paid within 30 days of invoice date will be assessed a finance charge of 1.50% per month.

Date

(Signature of Authorized Officer)

(Name and Title of Authorized Officer)

Personal Guarantee

In consideration of credit being extended by to the above named applicant for merchandise to be purchased whether applicant be an individual or individuals, a proprietorship, a partnership, a corporation, or other entity, the undersigned guarantor or guarantors each hereby contract and guarantee to the faithful payment, when due, of all accounts of said applicant for the purchases made within five years next after the date of this application.

Signature

Signature

(Please Print Name)

(Please Print Name)