



33 York Street, Elora
 Ontario, Canada N0B 1S0
 1-800-265-2710
 Fax: 1-866-865-2372

ATTN: ELDENE SHARER

CREDIT APPLICATION

PLEASE TYPE OR PRINT CLEARLY

WHEN COMPLETED FAX SIGNED APPLICATION TO NUMBER ABOVE OR EMAIL AR@POLY-CORP.COM

ADDRESS AND CONTACT INFORMATION

LEGAL NAME OF COMPANY _____

STREET ADDRESS _____

BILLING ADDRESS _____

TELEPHONE _____ FAX _____

EMAIL ADDRESS _____

WEBSITE _____

PURCHASING CONTACT NAME _____

A/P CONTACT NAME _____

CHECK ONE CORPORATION PARTNERSHIP PROPRIETORSHIP

HOW LONG IN BUSINESS UNDER PRESENT NAME? _____

NATURE OF BUSINESS _____

FEDERAL I.D. NUMBER _____ *Very Important*

TAX EXEMPTION NUMBERS: _____ *Please include certs if necessary*

PRINCIPAL OFFICERS

| | | |
|------------|-------------|-----------------|
| NAME _____ | TITLE _____ | HOW LONG? _____ |
| NAME _____ | TITLE _____ | HOW LONG? _____ |
| NAME _____ | TITLE _____ | HOW LONG? _____ |

| | |
|---------------------------------|-------------------------|
| PARENT COMPANY _____ | ADDRESS _____ |
| TELEPHONE _____ | PRINCIPAL OFFICER _____ |
| AFFILIATED COMPANY _____ | ADDRESS _____ |
| TELEPHONE _____ | PRINCIPAL OFFICER _____ |

POLYCORP OFFICE USE ONLY

CREDIT LIMIT: CUSTOMER #

REVIEW DATE:

SALES MANAGER APPROVAL: _____ FINANCE APPROVAL: _____

BANK REFERENCES: LIST BANK(S) DEALT WITH OVER PAST THREE YEARS

| | | | |
|--------------|-------|---------|-----------------------|
| NAME OF BANK | _____ | ADDRESS | _____ |
| CONTACT NAME | _____ | PHONE | _____ ACCOUNT # _____ |
| NAME OF BANK | _____ | ADDRESS | _____ |
| CONTACT NAME | _____ | PHONE | _____ ACCOUNT # _____ |

TRADE REFERENCES: LIST ESTABLISHED SUPPLIERS ONLY

| | | | | | |
|------------------|-------|------------------|-------|-----------|-------|
| COMPANY NAME | _____ | CITY | _____ | FAX | _____ |
| CONTACT NAME | _____ | PHONE | _____ | HOW LONG? | _____ |
| TYPE OF INDUSTRY | _____ | CREDIT LINE EST. | _____ | TERMS | _____ |
| COMPANY NAME | _____ | CITY | _____ | FAX | _____ |
| CONTACT NAME | _____ | PHONE | _____ | HOW LONG? | _____ |
| TYPE OF INDUSTRY | _____ | CREDIT LINE EST. | _____ | TERMS | _____ |
| COMPANY NAME | _____ | CITY | _____ | FAX | _____ |
| CONTACT NAME | _____ | PHONE | _____ | HOW LONG? | _____ |
| TYPE OF INDUSTRY | _____ | CREDIT LINE EST. | _____ | TERMS | _____ |
| COMPANY NAME | _____ | CITY | _____ | FAX | _____ |
| CONTACT NAME | _____ | PHONE | _____ | HOW LONG? | _____ |
| TYPE OF INDUSTRY | _____ | CREDIT LINE EST. | _____ | TERMS | _____ |

TERMS AND CONDITIONS

- 1) The applicant hereby acknowledges that all charges incurred after the establishment of an open account shall be considered **due and payable within the payment terms stated on the sales order confirmation** using date of invoice and that payment shall be made at this time to the order of Polycorp Ltd. and forwarded to the designated address.
- 2) The applicant hereby authorizes Polycorp Ltd. to perform any credit investigation deemed necessary to establish and maintain a credit account for the applicant. The applicant hereby authorizes the reporting of the above mentioned information and applicant performance to Polycorp Ltd. or their designates.
- 3) The applicant hereby consents to abide by all terms and conditions as set out in all invoices. Failure to abide by these terms may result in revocation or alteration of credit terms

SIGNATURE OF APPLICANT

| | |
|-------------------------|-------------|
| _____ | DATE: _____ |
| PLEASE PRINT NAME _____ | TITLE _____ |

Your Current Contact(s) at Polycorp: _____

Are you requesting a credit limit greater than \$50,000? _____