



CREDIT APPLICATION

Application to establish credit with Colourific Coatings Ltd.

If you would like to obtain credit with our company, please fill out the following credit application and fax it to 905.564.5574. Our credit department will promptly review your application and send you a confirmation of credit if you are approved. Please contact us at 905.564.7300 if you have any questions about this credit application.

Legal Name: _____
Mailing Address: _____

Telephone #: _____ Fax #: _____
Legal Entity: Incorporated Partnership Proprietorship
Type of Business: _____
Years in Business: _____
Principals: _____
Credit Limit Request: _____ per month.
Contact Name: _____
H.S.T. Registration**:

**For tax exemptions, please attach copies of the exemption certificates.

REFERENCES

Bank: Name: _____
Address: _____
Telephone #: _____ Fax #: _____
Contact Name: _____

Trade # 1: Name: _____
Address: _____
Telephone #: _____ Fax #: _____
Contact Name: _____



Trade # 2: Name: _____
Address: _____
Telephone #: _____ Fax #: _____
Contact Name: _____

Trade # 3: Name: _____
Address: _____
Telephone #: _____ Fax #: _____
Contact Name: _____

This application is signed with the understanding that all accounts are due and payable 30 days from the invoice date. It is agreed that interest will be paid on all overdue accounts at the rate noted on the invoice. I/We certify that the above information is true and complete and consent to a credit investigation. I/We also acknowledge that all the individuals in my establishment relevant to conducting business with Colourific have read the Technical Guidelines document, and agree to abide by those Guidelines.

Signed: _____ this _____ day of
_____ 20 _____.

Authorized by: _____ Position:
_____.