



# Confidential Credit Application Form

IN CANADA:  
7475 Tranby Ave.  
Windsor, ON N8S 2B7

IN USA:  
1423 Franklin, Unit F143  
Detroit, MI 48207

Toll Free in North America:  
Ph: 1 800 265 9542  
Fax: 1 800 465 9674

Legal Business Name: \_\_\_\_\_  
 Account No: \_\_\_\_\_ GST# \_\_\_\_\_ PST# \_\_\_\_\_ IRS# \_\_\_\_\_  
 Other Trade Name(s): \_\_\_\_\_ (for US Applications)  
 Bill To Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Ship To Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Credit Amount: \$ \_\_\_\_\_  
 Accounts Payable Contact: \_\_\_\_\_ Direct Line: \_\_\_\_\_ Fax: \_\_\_\_\_

Principal(s) / Officer(s)			
Name:	Title:	% Ownership:	
Name:	Title:	% Ownership:	
Name:	Title:	% Ownership:	

### BUSINESS INFORMATION

Year Business Started: \_\_\_\_\_ Year Present Ownership Started: \_\_\_\_\_

Type of Business:  Corporation  Partnership  Proprietor  Other

Industry:  Plastics  Rubber  Automotive  Agri/Food  Other  
 Medical  Aerospace  Defence  Oil & Gas \_\_\_\_\_

Line of Business:  Processor  Supplier  Moldmaker  OEM  
 Distributor  Grower  Industrial

Total Employees: \_\_\_\_\_ Own premises  Rent premises   
 Size of premises(sqft) \_\_\_\_\_ Annual Sales: \_\_\_\_\_

### BANK REFERENCE

Name of Bank: \_\_\_\_\_ Account# \_\_\_\_\_ Ph: \_\_\_\_\_

Contact: \_\_\_\_\_ Branch Loc: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

### Supplier References:

COMPANY NAME	TELEPHONE	FAX	E-MAIL

### CANADIAN APPLICANTS PLEASE PROVIDE PST EXEMPTION CERTIFICATE

I agree to the terms and conditions contained on the reverse side of the agreement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Name & Title: \_\_\_\_\_

OFFICE USE ONLY		Date:
Class ID:	PL RB MM DIS OEM AGR MED AUT IND	
Tax Schedule ID:	S-GST S-PST&GST EXEMPT	
Approved: <input type="checkbox"/> Approved with modified limit: <input type="checkbox"/> \$ _____ C.O.D. only: <input type="checkbox"/>		



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Page 2 of 2

**Terms and Conditions:**

I understand and agree to the following terms:

1. Accounts are due and payable 30 days from the date of the invoice in respect of goods purchased.
2. Service Charge of 2.5% per month (30% per annum) will apply on the amount of any overdue account.
3. A return number must be obtained from Acrolab Ltd. prior to returning any product. A credit will not be issued without a return number. Returns may be subject to a restocking charge.
4. Changes of address will be provided to Acrolab Ltd. as soon as they are official.
5. In the event of any dispute, the applicable law with respect to enforcement and interpretation of all dealings in this and any ensuing agreements entered into between my/ourselves and Acrolab Ltd., shall be the laws of The Province of Ontario. Notwithstanding any statutory enactment to the contrary, I/We shall be considered to be doing business in The Province of Ontario.
6. Acrolab Ltd. is permitted to obtain, in strictest confidence, credit reports and references necessary to determine credit status. These reports will be for the sole use of Acrolab Ltd.

**Company Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name/Title:** \_\_\_\_\_  
(Please Print)