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# Credit Application

## COMPANY NAME

TRADING AS: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
PROVINCE: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
G.S.T. NO: \_\_\_\_\_ P.S.T. NO: \_\_\_\_\_  
HOW LONG IN BUSINESS? \_\_\_\_\_

## OWNER (S) or OFFICER (S)

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

## BILLING INSTRUCTIONS: If different than above, please indicate below

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

## BANKING INFORMATION

NAME: \_\_\_\_\_ ACCOUNT NO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_

## TRADE SUPPLIERS

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_  
NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

*If credit request is approved, I agree to pay all invoices within the terms (net 30 days). In the event payment is not made and my account is referred to a collection agency, I will pay all costs of collection. If legal action is required, I will pay the costs incurred from non-payment. **KS Pad & Print** retains title to all materials sold until full payment. I, the undersigned, authorize **KS Pad & Print** to verify the information contained in this request. I also authorize the persons named as references, as well as my bank, to give additional information as required in order to establish my margin of credit. I agree with the sales terms mentioned above. I am making this request (as proprietor) named in this application and / or an authorized officer of the company on whose behalf this request is being made.*

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

Customer's Signature: \_\_\_\_\_ Sales Representative's Signature: \_\_\_\_\_