

CREDIT APPLICATION**DISTINCTIVE**
WOOD PRODUCTS

Sales Representative

COMPANY INFORMATION

Legal Company Name:		Trade Name:	
Mailing Address:			
Shipping Address (if different from above):			
Telephone: ()		Fax: ()	
Type of Business:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
Nature of Business:			
Years in Business:		Credit Limit Requested:	
Principals or Owners Name & Title:			
Accounts Payable Contact:		Email:	
Purchasing Contact:		Email:	

BANKING INFORMATION

Bank Name:	Account #:
Address:	Contact:
Telephone: ()	Fax: ()

TRADE REFERENCES

(1) Company:	Contact:
Address:	Email:
(2) Company:	Contact:
Address:	Email:
(3) Company:	Contact:
Address:	Email:

The Undersigned Hereby Declares:

- That he/she is authorized to request the establishment of a credit line with Distinctive Wood Products Inc. in the above noted name.
- That all the information provided is in all respects true and accurate the best of his/her knowledge.
- That Distinctive Wood Products Inc. is authorized to make such inquiries about the above noted company to determine the creditworthiness of the above. Such authorization will include inquiry to aid in the original opening of a credit line and ongoing assessment of an existing credit line.
- That he/she will abide by the credit terms of Distinctive Wood Products Inc. which are net 30 days from invoice date. Accounts that are 15 days overdue (45 days from invoice date) may be placed on credit hold until appropriate payment arrangements have been made.
- That he/she will recognize and commit to the payment of interest charges on overdue invoices of 2% per month (24% per year) on all overdue invoices. This rate is subject to change without notice.
- In the event that Distinctive Wood Products Inc. engage in legal action in an effort to collect overdue and unpaid accounts, the undersigned acknowledges that all legal fees incurred by Distinctive Wood Products Inc. will be paid by the company, and /or directors, and/or officers of the company who are applying for credit on this application.
- That he/she will recognize and commit to the payment of service charges for returned cheques as charged by Distinctive Wood Products Inc.

Authorized Signature_____
Title_____
Date**Please fax completed form back to +1 844-741-9191 or email to accounting@distinctivewoodproducts.com**

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