



Please Remit Invoice Payments to: Carrady Imports
 155 Caster Avenue • Woodbridge, ON • L4L 5Y8
 Phone: (905) 850-1444 • Email: lina@carrady.ca
For all Canadian sales, contact: Mark Langley
 Phone: (905) 986-1515 • Cell: (905) 259-5737
 E-Mail: mark@distinctdistributors.ca

CREDIT APPLICATION FOR BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company Name: _____	Date Business Commenced: _____
Contact Name: _____	Business Number: _____
Billing Address: _____ City, Prov., Postal: _____ Phone: _____ Email: _____	Shipping Address: <input type="checkbox"/> Same Street: _____ City, Prov., Postal: _____ <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation

BANKING INFORMATION/TRADE REFERENCES

Bank Name: _____	Phone: _____
Account Number: _____	Fax: _____
Contact Name: _____	Email: _____
1)Company Name: _____	Phone: _____
Address: _____	Fax: _____
Contact Name: _____	E-mail: _____
2)Company Name: _____	Phone: _____
Address: _____	Fax: _____
Contact Name: _____	E-mail: _____
3)Company Name: _____	Phone: _____
Address: _____	Fax: _____
Contact Name: _____	E-mail: _____

CREDIT CARD INFORMATION (REQUIRED FOR FIRST 90 DAYS MINIMUM)

VISA MASTERCARD

Card Number: _____ Expiry Date: _____ Security Code: _____

Total Authorized Charges \$ _____

One Time Authorization: I agree to the charges noted & authorize **Carrady Imports Limited** to charge the indicated amount only, on this card.

Authorized Signature: _____

Recurring Authorization: I authorize all future orders to be processed by **Carrady Imports Limited** using this credit card, until further notice.

Authorized Signature: _____

AGREEMENT

- All invoices are to be paid 30 days from the date of the invoice.
- By submitting this application, you authorize **Carrady Imports limited** to make inquiries into the banking and business/trade references that you have supplied.
- All invoices and periodic sales & technical information will be emailed to address supplied above. (Please initial to show agreement) _____

APPLICANT SIGNATURE

(Internal Use Only)

Signature: _____	Approved: _____ Denied: _____ Date: _____
Name and Title: _____	Amount Approved: _____ Terms: _____
Date: _____	Approved by: _____ Sales Rep: _____

Please email completed form to: mark@distinctdistributors.ca or lina@carrady.ca