



NEW CUSTOMER CREDIT APPLICATION

E-mail completed form to ihenderson@hsspecialties.com

BUSINESS CONTACT INFORMATION

Company Name:			
Phone:		Fax:	
E-mail:			
Company Address:			
Shipping Address: (if different from billing)			
City:		Province:	Postal Code:
Number of Years at Present Address:		Incorporation Date: (if applies)	
Sole Proprietorship:	Partnership:	Corporation:	Other:
A/P Contact:		Phone:	

BUSINESS AND CREDIT INFORMATION

Line of Credit Required:		Direct Deposit Payments: Y N	
COD ACCOUNT ONLY: Y N		Purchase Orders Required: Y N	
P.S.T. Exemption No.: (Please attach form)			
Current Provider of Safety Products:			
Bank Name:			
Bank Address:		Phone:	
City:	Prov:		Postal Code:
Contact:			
Branch:		Account No.	

BUSINESS/TRADE REFERENCE

1. Company Name:	
Phone:	Fax No.
Contact Name:	Title:
2. Company Name:	
Phone:	Fax No.
Contact Name:	Title:
3. Company Name:	
Phone:	Fax No.

Contact Name:	Title:
AGREEMENT	
<p>I understand that any credit granted is based on Net 30 day terms, unless otherwise stated. Overdue accounts will be charged interest at 2% per month or 24% per annum. I hereby authorize and consent to the bank and references listed in this credit. Application to release information necessary to assist H&S Specialties Inc. in establishing a line of credit.</p> <p>The applicant/undersigned certifies that all information contained herein is true and accurate. The applicant/undersigned consents and authorizes H&S Specialties Inc., or their acting agents, to obtain information from or report to any credit reporting agency in relation to this agreement. The applicant/undersigned further acknowledges and consents to any outstanding balances along with this application information being turned over to third party collection or litigation.</p> <p>All Equipment remains the property of H&S Specialties Inc. until paid for in full.</p>	
SIGNATURES	
Signature:	Date:
Name:	Title:

www.hsspecialties.com

Proudly Canadian!

FAX: (905) 686-8226