



HEAD OFFICE
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 Scarborough M1R 2P4 Tel: 416 609-3972 Fax: 416 609-3613
 Mississauga L4X 2E6 Tel: 905 238-0223 Fax: 905 238-0987
 Hamilton L8W 2E4 Tel: 905 575-0000 Fax: 905 575-7657
 St-Catherine L2M 6T2 Tel: 905 685-3834 Fax: 905 685-9181
 London N6E 1P9 Tel: 519 868-9441 Fax: 519 668-5671
 Sudbury P3C 5M6 Tel: 705 525-4044 Fax: 705 525-4160
 Kingston K7M 7G2 Tel: 613 327-5865 Fax: 613 384-7464

Professional Solution for the flooring Installation Industry

Please Fill form Clearly

CREDIT APPLICATION

Company Name				Company Started In :
Contact				email :
Address				Buying From :
City		Office Phone		Corporation
Province		Fax No.		Association
Postal Code		Cellular No		Registered
Shareholders				
Buyer Name			Account Payable	
Buyer email			P.S.T. No.	Please attach Blanket
Monthly Purchase				

COMMERCIAL REFERENCE

Company Name	Contact	Telephone	Fax No.
Bank	Branch	City	Province
Telephone	Account No.	Credit card No & type	Drivers Licence

A. A charge of two percent (2%) (28.0% Annualy) will be added on past due amounts according to invoice terms.
 B. I authorize Durox Flooring Accessories PS Inc.. to obtain or exchange personnel information about me with any credit agent personnel for the purpose to establish and to verify my financial situation.
 C. The company and owner hereby agree that each are jointly and severally responsible for all obligations undertaken herein by the company, and the company hereby represents that the owner is authorized by resolution of the company to sign the present sales agreement. The owner and company hereby agree that the terms herein shall be continuing and shall cover present liabilities (if any) of the company or owner to Duox rFlooring Accessories PS Inc.. and all such liabilities incurred after the date hereof. Date : _____

Company : _____ By : _____
 Signature for the Company

Owner Name : _____ By: _____
 Signature For the Owner

Account No.	Credit Limit	Term	Credit Code	Salesman No.

Credit Manager : _____ Sales manager : _____