



Phone: 905-820-7049
Toll Free: 1-855-564-0205
Fax: 905-820-1943

CANADIAN CREDIT APPLICATION

Legal Name of Company: _____
Operating Name(s) of Company: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number: _____ Fax Number: _____ Number of Employees: _____
Date of Establishment: _____ E-Mail: _____

Check one of the following: Corporation Partnership Proprietorship

Bank Name: _____ Account Number: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Contact Name: _____
Telephone Number: _____ Fax Number: _____

Business References: Please list only those industry related companies with whom you have an open account. Please provide three references (Do not include secured creditors or courier companies)

Name: _____ Account Number: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Contact Name: _____
Telephone Number: _____ Fax Number: _____ Terms: _____

Name: _____ Account Number: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Contact Name: _____
Telephone Number: _____ Fax Number: _____ Terms: _____

Name: _____ Account Number: _____
Address: _____ City: _____
Province: _____ Postal Code: _____ Contact Name: _____
Telephone Number: _____ Fax Number: _____ Terms: _____

In connection with this application for credit, I/we hereby authorize Canadian Data Supplies to investigate the references listed above pertaining to our credit and financial responsibility.

Authorized Signature

Name and Title

Date

Credit Card Authorization Form (if applicable)

Canadian Data Supplies ("Company") has agreed to sell product to _____ ("Customer"). As part of this agreement "Customer" authorizes "Company" to place charges for said product on their _____ credit card ("Card") bearing the "Card" number of _____ expiring on _____ . I, _____, have been authorized to make purchases for "Customer" and am an authorized signer on "Card".

This "Card" authorization will apply and be legally binding for any future orders placed by "Customer" via phone, fax, mail, or any other means. In addition to the aforementioned card signer, orders may be placed on "Customer's" behalf by the following individuals.

Printed Name: _____ Signature: _____

Should "Customer" choose to revoke such "Card" authorization, he/she must do so in writing, with said revocation taking place within ten business days of receipt of said notification. Written notification is to be sent to:

Canadian Data Supplies
3670 Odyssey Dr. Unit 5
Mississauga, Ontario L5M 0Y9

To process this form, copies of the front and back side of the "Card" must be included with this completed form.

Authorized By:

Cardholder Name: _____ Date: _____

Statement Address: _____

Authorized Signer(Signature): _____

Authorized Signer(Printed Name): _____

Please email completed form & card copies to: customerservice@canadiandatasupplies.com or fax 905-820-1943. Thank you.



CANADIAN DATA SUPPLIES

Dear Customers:

In an effort to better assist you in completing your application, please use the following checklist:

Completely fill out Canadian Data Supplies Credit Application.

- Telephone & fax numbers.
- Email & web addresses (if applicable).
- Billing address & shipping address if different from company address.
- Date your business was started and number of employees.
- Please complete the bank information & trade (vendors) references – please list account, telephone & fax numbers. You may provide this information as an included document.
- Application must be signed and dated with title provided.

Completely fill out Provincial Sales Tax Exemption Form.

- Must be included or faxed, except for those Provinces were not applicable.

Fill out Credit Card Form.

- If you wish to pay by Credit Card, please also fill out the Credit Card Authorization Form.
- Fax it along with the Credit Application form and copies of the front and back of the card to be used.

Email all requested pieces to: customerservice@canadiandatasupplies.com or Fax 905-820-1943

Canadian Data Supplies
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Mississauga, Ontario L5M 0Y9