



CREDIT APPLIATION

COMPANY INFORMATION

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____

PROVINCE/STATE: _____ POSTAL/ZIP: _____

TELEPHONE #: _____ FAX #: _____

EMAIL ADDRESS: _____

NATURE OF BUSINESS: _____ YEAR ESTABLISHED: _____

NUMBER OF EMPLOYEES: _____

TELECOM TRADE REFERENCES

NAME OF SUPPLIER: _____ HOW LONG: _____ HIGH CREDIT \$ _____

ADDRESS: _____ TELEPHONE #: _____

FAX #: _____

NAME OF SUPPLIER: _____ HOW LONG: _____ HIGH CREDIT \$ _____

ADDRESS: _____ TELEPHONE #: _____

FAX #: _____

NAME OF SUPPLIER: _____ HOW LONG: _____ HIGH CREDIT \$ _____

ADDRESS: _____ TELEPHONE #: _____

FAX #: _____



BANK REFERENCE

NAME OF BANK: _____ ACCOUNT #: _____ HOW LONG: _____
CONTACT PERSON: _____
ADDRESS: _____
TELEPHONE #: _____ FAX #: _____

The Undersigned Applicant(s) called “customer” hereby acknowledges and agree to the following Terms and Conditions

- 1. Title to the equipment remains with **BIZPHONES.ca** until invoice is paid in full.
- 2. Customer agrees to pay all invoice (s) when due. I (we) personally guarantee payment of all invoices unpaid to **BIZPHONES.ca** or its assigns.
- 3. No goods can be returned without prior authorization. All claims must be made upon receipt of goods.
- 4. Warranty periods are stated on individual invoice of sale. Repairs on products with tampered serial Number will be charged to the customer as though the product were no longer covered by the warranty.
- 5 Any past due invoice will be subject to a 1.5% service charge for each period of 30 days that it remains past due.
- 6. In the event legal action and/or the placement of the account with a collection agent **BIZPHONES.ca** will be entitled to recover from customer, it’s assigns or successors in interest, the actual cost and expenses resulting from said actions including attorney’s fees and collection costs.
- 7. Customer with this certifies that the information that is provided to **BIZPHONES.ca** in this application is true and correct. Customer hereby authorizes all banks and suppliers listed in this application to release information necessary to assist **BIZPHONES.ca** in the establishment of a line of credit for customer’s account.

Customer Authorized Signature

Print Name

Title **Date**

**** PLEASE FAX BACK TO: 1-905-660-9780**

**434 North Rivermede Rd.
Concord, Ontario L4K 3M9
Tel: 905-660-9661 Fax: 905-660-9780**