



### CREDIT APPLICATION

**Cavalier Sales Representative:** \_\_\_\_\_ **Please fax: 905 857 3701 or email ar@cavalier.ca**

**Legal Business Name:** \_\_\_\_\_

GST # \_\_\_\_\_ PST # \_\_\_\_\_ DUNS # \_\_\_\_\_

Other Trade Name(s) \_\_\_\_\_

**Principal Address** \_\_\_\_\_

**Billing Address** (if different) \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

If applicable: Shipping/Receiving Hours: \_\_\_\_\_ Appointments required? Yes / No

Commodity: \_\_\_\_\_ Purchase Order required? Yes / No

**Principal(s)/Officer(s)**

Name	Title
_____	_____
_____	_____

**Business Information :** Year started: \_\_\_\_\_

Type of business: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Proprietorship \_\_\_\_\_ Other \_\_\_\_\_

**Payable Contact**

Name: \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**Bank Reference:**

Name of Bank: \_\_\_\_\_ Account # \_\_\_\_\_

Branch: \_\_\_\_\_ Contact: \_\_\_\_\_

**Supplier References:**

Name:	Address:	Telephone:	Fax:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**Broker Information:** Inbound: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_  
Outbound: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

I(we) hereby authorize Cavalier Group of Companies to obtain credit or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account.

I(we) \_\_\_\_\_ (Company Name) understand that all accounts are net 10 days payment from date of invoice. A service charge of 2.5% per month may apply on the amount of any overdue account. I further agree to pay collection and/or legal fees incurred by Cavalier in collection of any past due amounts.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

Name & Title: (Please print) \_\_\_\_\_