



# CREDIT APPLICATION & AGREEMENT FORM

Legal Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Date Business Started: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Credit Limit Requested: \_\_\_\_\_ Proprietors and Signing Officer: \_\_\_\_\_

## PERSONAL INFORMATION

*(If company in business less than 1 year, complete the following personal information on owner/principal)*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## ACCOUNTS PAYABLE

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 What information do you require with our invoice? (Check all that apply) POD \_\_\_\_ PO# \_\_\_\_  
 Email: \_\_\_\_\_

## BANKING INFORMATION

Name of Bank: \_\_\_\_\_ Managers Name: \_\_\_\_\_ Account: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Phone: \_\_\_\_\_

## TRADE REFERENCES

Company Name	Phone	Fax	Contact
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

## CREDIT TERMS

*By signing below, we are giving the bank authority to release this information to Dynamic Connections. The information you have provided will remain confidential. This application is made with the understanding and agreement that credit terms are net 30 days. If payment in full is not made within 30 days of the date invoiced, it is understood and agreed by you that you will pay interest on overdue items at the rate of 2% per month (24% per annum) and all expenses incurred by Dynamic Connections, including all legal fees, in the collection of any all funds past due. These provisions shall apply to all past, present and future invoices submitted.*

*I the undersigned, represent myself as an authorized officer of the company seeking credit facilities and have read and understand the above noted terms and conditions. I agree to the terms and conditions noted above.*

Signature of Authorized Officer: \_\_\_\_\_ Date \_\_\_\_\_  
 Name & Title: \_\_\_\_\_

Please return completed application by fax: 905.844.3748 or email: [accounting@dynamicconnections.ca](mailto:accounting@dynamicconnections.ca)