

POINT

DISTRIBUTORS LTD.

Credit Application

Please fax completed form to 778.327.5667

or e mail to info@pointsales.ca

Date: _____

Legal Business Name: _____ DBA: _____

Business Address: Street: _____ City: _____

Province: _____ Postal: _____

Telephone: () _____ Fax: () _____ e mail: _____

Date Business Established: _____

Legal Organization: Corp [] Proprietorship [] Partnership [] Subsidiary []

Accounts Payable Contact: _____ Tel: _____ ext: _____

Nature of Business: _____

Length of Time in Business: _____ Credit Limit Requested: _____

GST No: _____ PST No: _____

Bank: Name: _____ Tel: () _____

Address: _____ Contact: _____

Trade References: Name: _____ Tel: () _____

Address: _____ Contact: _____

Fax # _____

Name: _____ Tel: () _____

Address: _____ Contact: _____

Fax # _____

Name: _____ Tel: () _____

Address: _____ Contact: _____

Fax # _____ Contact: _____

All invoices are due and payable 30 days from the date of invoice unless otherwise authorized in writing.

I hereby authorize Point Distributors Ltd. to obtain such credit reports or other information as deemed necessary in connection with the establishment and maintenance of a credit account.

Authorized Signature: _____ Print Name: _____

Title: _____ Date: _____

On Behalf of: _____