



## Application for Credit

(Terms are NET 30)

**BILLING INFORMATION:**

Legal company name \_\_\_\_\_

Trade name (if any) \_\_\_\_\_

Parent company (if any) \_\_\_\_\_

GST number \_\_\_\_\_ Initial Order USD \$ \_\_\_\_\_

Bill to: Attention \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Country \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**PRINCIPALS AND OFFICERS:**

*Circle one:* Ownership of company is Private / Public Date Incorporated: \_\_\_\_\_

Name: President/Owner 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Controller \_\_\_\_\_

Accounts payable \_\_\_\_\_

**BUSINESS INFORMATION:**

Nature of business \_\_\_\_\_

*Circle one:* Building/Premises are Owned / Leased

**REFERENCES:**

Reference Trade name	Mailing Address, Postal code
1. _____	_____
Phone No: _____	Fax: _____ Acct. No. _____
2. _____	_____
Phone No: _____	Fax: _____ Acct. No. _____
3. _____	_____
Phone No: _____	Fax: _____ Acct. No. _____

**BANK:** Name \_\_\_\_\_ Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_



**CREDIT AGREEMENT:**

In reliance on the statements and representations above and on the agreement set below. Exova Inc may from time to time and at the sole discretion of its Credit Department, extend credit to the firm named in this Agreement with regard to purchases by such firm, from or through Exova Inc of goods and services.

If credit is extended, the firm named in the Agreement agrees with Exova Inc as follows:

1. The firm will pay when due, according to the terms of all bills, statements, accounts and invoices from Exova, any such payment to be made to Exova at its office, or any such other place or places Exova may direct.
2. That all past-due accounts shall bear the maximum legal rate of interest.
3. That the firm agrees to pay any reasonable attorney fees and court costs incurred in any efforts to enforce payment of sums due by the company or to collect the same.
4. That Exova Inc at its sole discretion, at any time, cease further extensions of credit to the firm.
5. That any firm with returned or stop payment cheques will be placed on C.O.D. Cashiers Cheque only terms, indefinitely.

**THE ABOVE INFORMATION AS WELL AS THAT GIVEN ON THE ENTIRE CREDIT APPLICATION DOCUMENT IS FOR THE PURPOSE OF OBTAINING CREDIT AND IS WARRANTED TO BE TRUE UNDER PENALTY OF PERJURY. I/WE AUTHORIZE EXOVA INC TO INVESTIGATE THE REFERENCES LISTED AND PERFORM A GENERAL CREDIT CHECK AS IT PERTAINS TO THE APPLICANT'S CREDIT FINANCIAL RESPONSIBILITY.**

Company Name: \_\_\_\_\_ (required)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**When complete please fax both pages of credit application and both pages of the signed Terms & Conditions to 562-948-5850 or email to helen.briggs@exova.com**