



CREDIT APPLICATION AND GUARANTEE

Full Legal Name and Trade Name: _____

Principal Business Address: _____ Phone: _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

Shipping Address (if different) _____ Fax: _____
STREET ADDRESS CITY PROVINCE POSTAL CODE

A/P Contact: _____ A/P Email: _____ Purchasing Contact: _____ Purchasing Email: _____

Legal Status: Corporation Partnership Sole Proprietor Owner Direct Number: _____ Owner Mobile Number: _____

Type of Business (Check (✓) all that apply):
 New Res. Construction Plumbing New Res. Construction HVAC Service Plumbing Service HVAC
 Mechanical Contractor Commercial HVAC Manufacturing/Industrial
 Retail/Boutique Government/Institutional Plumbing & Heating

Do you: Own OR Lease your principal place of business? Business Start/Incorporation Date: (mm/yyyy): _____ # Employees: _____

Name and Contact Information of Landlord (If rented/leased): Check (✓) if PO# Required for All Orders Check (✓) If You Require a Monthly Statement

NAME AND TITLE, HOME ADDRESS, HOME PHONE NUMBER FOR ALL PRINCIPALS/OWNER'S/PARTNERS:

Name and Title	Date of Birth OR SIN #	Phone #	Email Address

BUSINESS FINANCIAL INSTITUTION REFERENCE (Please Complete All Areas):

Financial Institution with Address and City: _____ Account Type: Non-Borrowing Borrowing

Name Account is Listed Under: _____ Transit #: _____ Account #: _____

TRADE REFERENCES: (Do not include COD accounts, utility accounts or credit cards. Please provide all information as requested below for each trade reference)

Supplier Name and Contact Name (If Applicable)	Phone Number	Fax # OR Email	Customer Number	Terms and Credit Granted
1)				
2)				
3)				

TERMS OF SALE

Credit accounts are due and payable Net 30th day following date of invoice unless otherwise mutually agreed upon. A service charge of 1.5% per month (18% per annum) applies to past due accounts. I acknowledge that if the business is a partnership, all indebtedness incurred is joint and several. The amount of credit granted may be changed or credit withdrawn at any time at the discretion of Marks Supply Inc. The applicant agrees that Marks Supply Inc. may obtain personal information about the applicant from consumer reporting agencies prior to extending credit and any time after that when the 'Applicant' remains indebted to Marks Supply Inc. I consent that I may receive electronic documents, such as invoices and statements of account from Marks Supply. An NSF fee of \$50 will be charged for any returned payments from the financial institution.

CERTIFICATE AND AUTHORIZATION

I certify that all the above information is true correct and complete. **I am a Principal, Owner or Partner of the business and have the authority to bind the Business.** I authorize that Marks Supply may obtain personal credit information about the applicant from consumer reporting agencies prior to extending credit. I hereby authorize my bank named above to disclose all information on my bank dealings to Marks Supply Inc. I understand that the information provided will be held in strict confidence and will be relied upon by Marks Supply Inc. in extending credit.

CONTINUING GUARANTEE

In consideration of Marks Supply Inc. supplying goods to the business, I/we hereby (jointly and severally) **personally** guarantee payment for all such goods which you may supply to the Business. I/we personally agree that you may accept notes or acceptances for the price of goods supplied or any part thereof, may compromise the liability of the Business to you, and exercise or relinquish any security as you may think proper, without lessening or adversely affecting your rights against me/us. And I /we declare and agree that this **personal guarantee** shall continue to be binding and shall ensure to the benefit of Marks Supply Inc. until it receives payment in full for goods supplied to your business.

Witness of whereof the Guarantors have hereunto set their hands.

_____|_____|_____|_____
WITNESS (SIGNATURE & PRINTED NAME) PRINTED NAME OF OWNER/PRINCIPAL SIGNATURE OF OWNER/PRINCIPAL DATE OF SIGNING

FOR INTERNAL USE ONLY:

PLEASE RETURN APPLICATION BY E-MAIL OR IN PERSON:

300 Arnold Street, Kitchener, ON N2H 6E9
thaskett@markssupply.net

Sales Rep: _____ Branch Mgr. Initials: _____
Price Class #: _____ COD CREDIT