

KCS

Please return to : FAX 613-271-0977

ACCOUNT APPLICATION

Company Information:

Legal Name of Business: _____

Trade Name: _____ Year Started: _____

Billing Address: _____ City: _____

Prov.: _____ Country: _____ Postal Code: _____

Tel.: () _____ Fax.: () _____ Buyer: _____

Shipping Address: _____ City: _____
(if different)

Prov.: _____ Country: _____ Postal Code: _____

Tel.: () _____ Fax.: () _____ A/P: _____

Type of Business (✓) : Individually Owned Partnership
 Corporation

Name of the Principals or Owners:

1- _____ 3- _____
2- _____ 4- _____

Tax Numbers: (Fed.) _____ (Prov.) _____

Banking Information:

Bank Name and Address: _____

Tel.: () _____ Fax.: () _____ Account # : _____

Manager: _____

Line of Credit: _____ Terms: _____

Monthly Purchase: _____ D&B #: _____

PLEASE FAX US A COPY OF YOUR VOID CHECK

CONTINUES ON NEXT PAGE

Trade References:

1) Name: _____

2) Name: _____

Address: _____

Address: _____

Tel.: () _____

Tel.: () _____

Fax.: () _____

Fax.: () _____

Terms: _____

Terms: _____

3) Name: _____

4) Name: _____

Address: _____

Address: _____

Tel.: () _____

Tel.: () _____

Fax.: () _____

Fax.: () _____

Terms: _____

Terms: _____

TO PROCESS YOUR APPLICATION FASTER, PLEASE INCLUDE ANY REFERENCE LETTERS YOU MAY HAVE.

We certify that the above is true and correct and this firm will comply with all terms and conditions of KCS. We have read and accept that KCS. policies and procedures schedule "A" forms part of the present conditions.

It is understood that all invoices for the products are guaranteed as to their payment by the individual signing the present credit application on behalf of the purchaser.

We authorise KCS. to contact our bank and the trade references mentioned above for credit reference purposes.

Signed: _____ **Date:** _____

Please Print Name & Title: _____