

C&E Express

PO Box 875 Maple
Maple ON L6A 1S8
Fax: 1-888-547-6197



CREDIT APPLICATION



GST No. _____ QST No. _____
Legal Corporate Name: _____ Tel.No. _____
Address: _____ Fax: _____
City: _____ Province: _____ Postal Code: _____
Billing Address: _____
Contacts: Purchasing _____ Accounts Payable: _____
Email: _____ Email: _____

Company Officers and their Title

1) _____
2) _____

Bank Information

Bank: _____ Full Address: _____
Tel. No. _____
Account No: _____ Account Manager _____

Business References

| Name | City | Fax No. |
|----------|-------|---------|
| 1) _____ | _____ | _____ |
| 2) _____ | _____ | _____ |
| 3) _____ | _____ | _____ |

Credit Application and Account Agreement

We/I hereby authorize C&E Express, to conduct a credit search and reference check to establish credit granting privileges to be extended to us. Further we/I agree that all payments are to be made 15 (fifteen) days after date of invoice, unless otherwise stated, NSF cheques will be assessed at \$75 per item; copies of documentation can be replaced at a cost of \$15 per set; 24% interest charged on all overdue accounts. That all invoices are due and payable according terms set forth, any invoices being disputed must be done in writing within 5 (five) days of receipt of said invoice, and that payment(s) for other services cannot be otherwise delayed. We/I also authorize C&E Express, from time to time to conduct credit and reference checks as part of their periodic review of their credit policy and credit granting privileges.

This agreement governs all sales to you of C&E Express's services on terms and conditions now established or which may be established as policy from time to time. Terms and conditions are available upon request and available on our web site www.ceexpress.ca

SIGNATURE _____ TITLE _____ DATE _____
(Must be owner, or authorized officer of company)

To be filled in by the Client
Credit Required:

Reserved for the Credit Department
Credit Amount Approved \$