



CREDIT APPLICATION AND SURETEYSHIP AGREEMENT

Client Code: _____

Please note that a 48hour delay is required before all credit approvals

Legal company name: _____

(Please indicate: Ltd. / Corp. / Inr. / Reg'd)

Address: (Billing) _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____ E-Mail: _____

Web Site: _____

Date company established: _____

Address: (Shipping) _____

City: _____ Province: _____ Postal code: _____

Phone: _____ Fax: _____

Names of principals or partners:

1. _____ Position _____

2. _____ Position _____

Bank: _____ Account: _____

Address: _____ Phone: _____

Trade references: (Do not indicate bank or personal accounts)

Enterprise	Name	Phone (Obligatory)	Fax (Obligatory)
1.		()	()
2.		()	()
3.		()	()

G.S.T. tax: # _____

P.S.T. tax: # _____

Amount of credit required: _____

Terms:

In consideration of DISTRIBUTION VIKING granting credit to the customer, the customer agrees to the following:

1. Accounts are due and payable NET 30 DAYS.

2. Interest charge of 1½ per month (18% par year) will be apply on the amount of any invoice overdue.

3. A 25.00\$ charge will be applied to an account for a returned check (N.S.F.).

4. All first orders are payable c.o.d (check, cash or Visa)

5. All returns are subject to 15 to 25% restocking charges.

6. If Distribution Viking Inc. retains the services of a law firm or collection agency for the recovery of any outstanding sums, 20% of the claimed sums will be added as liquidated damages.

I / we hereby authorize DISTRIBUTION VIKING to obtain any information required concerning the statement and application hereon. I / we hereby affirm that the information herein given for the purpose of obtaining credit is true and correct. All payments to be made on their due date, in accordance with their terms and sales, or the company may proceed to take any action necessary in collection of money's due.

I undersigned , hereby guarantee severally that the debtor will pay the amount owing.
Failing which I agree to pay in full the above sums. CAPITAL, INTEREST AND PENAL CLAUSE.

Authorized signature: _____ Date: _____

Name: _____ Title: _____
(In block letters please)

Purchaser: _____

Accounts payable: _____

For internal use only

Discount category _____ Credit: _____

Salesman: _____ Territory: _____