

Samtack Inc

1100 Rodick Road, Markham Ontario L3R 8C3
 Tel: 905-940-1880 Fax: 905-940-8616

New Customer/Credit Application

New Account Reinstatement Account

COMPANY INFORMATION				
Legal Name:		Type of Business: (Corporation: <input type="checkbox"/> Partnership: <input type="checkbox"/> Proprietorship: <input type="checkbox"/>)		
Trade Name (DBA):				
Billing/Mailing Address:		Publicly Traded: Y: <input type="checkbox"/> N: <input type="checkbox"/>	If Y, symbol:	
		Principal Officer/CEO: (If not publicly traded):		
Date Established:	Gross Annual Income:	Acct. Payable contact person:		
Shipping Address:		Phone#:	Email:	
Authorized Buyer:		P.O required:		
Phone#:	Fax#:			
BANK INFORMATION				
Name of Bank:				
Address:		City:	Prov:	
		Phone#:	Postal Code:	
		Fax#:		
Contact Person:		Account(s) No.:		
Account Type: Checking <input type="checkbox"/> Saving <input type="checkbox"/> Loan <input type="checkbox"/>				
TRADE REFERENCES				
1	Name:		Contact Name:	
	Limits:	Terms:	Phone#:	Fax#:
	Address:		City:	Prov:
2	Name:		Contact Name:	
	Limits:	Terms:	Phone#:	Fax#:
	Address:		City:	Prov:
3	Name:		Contact Name:	
	Limits:	Terms:	Phone#:	Fax#:
	Address:		City:	Prov:

The undersigned, being authorized and acting on behalf of the company:

1. Hereby authorizes Samtack Inc, to make inquiries as necessary to obtain credit information and authorizes our bank(s) to release credit information as requested regarding our account(s).
2. Samtack Inc. terms of payment are based on the invoice. Customer understands that terms on purchase order do not supercede or changed the terms established by Samtack Inc. Prepayment terms are required unless a Credit Application has been approved. Samtack Inc. reserves the right to charge interest at a rate of 1.5% per month on all past due invoices. Customer agrees to pay a \$25 charge for returned checks and any collection costs including legal fees if applicable. If litigation occurs. The venue will be Ontario, Canada.
3. Customer agrees to the sales Terms and Conditions of sale by Samtack Inc.

Signature

Title

Print Name

Date

 Processed by _____ Credit Limit Recommended: \$ _____ Authorized by: _____ Credit Limit Approval: \$ _____