

Sales Rep: _____

Samtack Computer Inc.
110A Cochrane Drive
Markham, Ontario L3R 9S1
Tel:(905)940-1880 Fax:(905)940-0331

To be Completed by Acctg. Dept

Ext: _____

Acct#: _____

Date: _____

Credit Application

General Information

Legal Company Name: _____ P.S.T. Exemption#: _____

Affiliate Company Name (if any): _____

Physical Address: _____

Mailing Address: _____ City _____ Prov _____

Postal Code _____ Tel: _____ Fax: _____ E-mail _____

Accounts Payable Contact _____ Tel (if different) _____

Company Owner(s) – Principals

Name _____

Address _____

City _____ Prov _____

Postal Code _____ E-Mail _____

Tel: _____ Fax _____

SIN _____ Date of Birth _____

(optional)

Business Information

Type of Ownership _ Individual _ Partnership _ Corporation

Type of Business: _____

of years in Business _____ Are PO's required? __yes __no

Person(s) Authorized to Purchase:

1. _____

2. _____

3. _____

Credit Requested \$ _____

Bank Information

Name of Bank _____ Transit _____ Account Number _____

Address _____ Account Manager _____

Tel _____ Fax _____ Assignment of accounts receivable __ yes __ no

Type of account: __ Business or __ Personal

Trade References	Limit	Terms	City	Phone	Fax
1.					
2.					
3.					
4.					

Application must be completed in its entirety to facilitate processing

- We/I make this application for a charge account and give _____ authorization to obtain and report Business information and Personal credit information on the principals of this company including detailed bank reports through the services of The Echo Group / TransUnion. for the purpose of opening this account and monitoring it for this business relationship.
- We/I authorize the exchange of business and personal information on an ongoing basis with credit bureaus and trade suppliers in order to protect and ensure the completeness of the information and to maintain the integrity of the credit granting system.
- We/I authorize the co-operation with local, provincial and national authorities in the investigation of unlawful or improper activities in order to protect both parties from fraudulent transactions.
- We/I authorize the disclosure of business and personal information where necessary to protect your interests, and ours.

Applicants Name _____

Signature _____

Date _____

Terms - _____

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