

CREDIT APPLICATION

To establish credit terms, photocopy this form and fax the completed application to 905-727-2686, or email: info@iddisplays.com, or mail to: Instachange Displays Limited, Attn: Credit Department, 230 Edward Street, Aurora, ON L4G 3S8.

Company Information

Corporate Name: _____ President or Owner(s): _____

Billing Address

Company Name: _____ Year Established: _____

Address: _____

City: _____ Prov./State: _____ Postal Code/ZIP: _____

Tel: _____ Fax: _____

Accounts Payable Contact: _____ Purchasing Agent: _____

Email: _____ Email: _____

Estimated Monthly Credit Required: _____ Tax Exempt Yes No (Attach Exemption Certificate)

Shipping Address (If different from billing) (Only applicable should shipping location be consistent)

Company Name: _____

Address: _____

City: _____ Prov./State: _____ Postal Code/ZIP: _____

Tel: _____ Fax: _____

Payment terms are net 30 Days, with approved credit. To establish an account, supply one bank reference together with three trade suppliers. Please allow two to three days for account set-up.

Credit References

Financial Institution: _____ Account: _____

Contact Name: _____ Email: _____

Tel: _____ Fax: _____

Trade Name: _____ Email: _____

Tel: _____ Fax: _____

Comments: _____

Trade Name: _____ Email: _____

Tel: _____ Fax: _____

Comments: _____

Trade Name: _____ Email: _____

Tel: _____ Fax: _____

Comments: _____

Name: _____ Position: _____

Signature: _____ Date: _____