



# CREDIT APPLICATION

40 Innovation Drive; Dundas, ON L9H 7P3

Phone: 905-689-5267

Fax: 905-689-9474

Company Name			Date
Mailing Address		City	Province Postal Code
Street Address		City	Province Postal Code
Telephone	Fax No.	Years Established	Business Number
Type of Business Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/>			
Province/City of Incorporation			Date

Principal Officers	Address	Telephone
Owner/President		
Chief Financial Officer		
Accounts Payable		

To enable SFS to complete the credit application, please ensure bank reference is completed. Please indicate transit and account # to assist your bank in completing request.

Bank Reference	Account Numbers	Address	FAX
Name			
Account Officer/Contact		Account Officer E-Mail Address	

Trade References	Address	Fax
1		
2		
3		

<b>***Terms Net 30 Days</b>	Approximate Monthly Credit Requested \$ _____
<p>I understand that SFS terms are net 30 days with the exception of NVELOPE product that has its own term of 50% down and the balance due thirty (30) days after shipment. I understand that the information furnished on this application is for the purpose of obtaining credit, that I am authorized in my capacity to bind my firm accordingly, and that all accounts or monies shall be due and payable to SFS. An additional two percent (2%) service charge or the maximum amount permitted by applicable state law, whichever is lower, may be charged to all accounts not paid within thirty (30) days from the date of invoice. In the event of nonpayment of debt, I agree to pay all costs and expenses, including attorney's fees and court costs, incurred by SFS.</p>	
Owner/Corporate Officer Signature Required	Name and Title Date
<p>This Credit Application must be filled in completely before credit will be extended. Thank you for your interest in SFS.</p>	

### FOR OFFICE USE ONLY

Date Opened	Salesman	Customer Number
Service Center		Territory