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Phone: 613 925 5903 - Fax: 613 925 1246
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Customer Profile Form and Credit Application

Legal Business Name: _____

Other Trade Name(s): _____

Account Numbers: GST #: _____
PST #: _____
Duns#: _____

Principal Address: _____

City: _____ Province/State: _____ Postal/Zip/Code: _____

Telephone Number: _____ Fax Number: _____ E-mail: _____

Amount of Credit Requested: \$ _____

Principals, Officers and Personnel:

Owner: _____

President: _____

Vice-President: _____

Chief Executive Officer: _____

Controller: _____

Accounts Payable Clerk: _____

Business Information:

Year Business Started: _____ Year Started under present control, if different: _____

Type of Business: Corporation _____ Partnership _____ Proprietor _____

Other: _____

Line of Business: Manufacturing _____ Wholesale _____ Retail _____

Transportation _____ Other: _____

Total Number of Employees: _____ Insurance Coverage: \$ _____

Financial Statement:

Enclosed: _____ To be mailed later: _____

NOTE: Financial Statements are required when credit limit requested exceeds \$100,000.00

Banking Information: _____

Account Number: _____

Address: _____

City: _____ Province/State: _____ Postal/Zip/Code: _____

Telephone Number: _____ Fax Number: _____ Contact: _____

References:

Company Name	Address	Contact Name	Telephone #	E-mail Address

Terms and Conditions:

I understand and agree to the following terms and conditions:

1. Payment is due in full 15 days from receipt of invoice.
2. Interest charges are applicable at a rate of 1.5% monthly of 18% annually on past due amounts.
3. We reserve the right to check on any references provided above as well as any others we are made aware of.
4. A service charge of \$50.00 (Canadian) will be charged on any NSF cheques received.
5. Any cost incurred should Kriska have to proceed with further actions for collection, will be the responsibility of the debtor.
6. No claims or deductions should be taken from cheques being sent to Kriska. All such claims or deductions need to be filed through proper channels.

Signature	Print Name	Title	Date

FOR OFFICE USE ONLY: PLEASE DO NOT WRITE IN THIS AREA

Customer Number:	_____
Credit Limit Assigned:	\$ _____
Date Account Opened:	_____