

COCHRANE SOD FARMS LTD.,
7125 County Road 10
ANGUS, Ontario
L0M 1B1

705-424-1307
(Fax) 705-424-2457

APPLICATION FOR CREDIT

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY/PROVINCE: _____ POSTAL CODE _____

BUSINESS PHONE: _____ YEAR STARTED _____

BUSINESS PRINCIPAL: _____

PRINCIPAL RESIDENTIAL ADDRESS: _____

HOME PHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____

ACCOUNTS PAYABLE CONTACT: _____

AMOUNT OF CREDIT REQUESTED: _____

FINANCIAL INSTITUTION:

BUSINESS BANK: _____ Account #: _____

BRANCH ADDRESS: _____ PHONE NUMBER: _____

REFERENCES ONLY:

(WITH WHOM YOU HAVE ESTABLISHED CREDIT AND DO BUSINESS WITH ON A CONTINUING BASIS)

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

CITY/PROV: _____ CITY/PROV: _____

POSTAL CODE: _____ POSTAL CODE: _____

PHONE: _____ PHONE: _____

FAX: _____ FAX: _____

REFERENCES CONT:

NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
CITY/PROV: _____ CITY/PROV: _____
POSTAL CODE: _____ POSTAL CODE: _____
PHONE: _____ PHONE: _____
FAX: _____ FAX: _____

ADDITIONAL INFORMATION

HAVE YOU, ANY OF YOUR PARTNERS, OR THIS ORGANIZATION EVER DECLARED BANKRUPTCY? NO YES IF YES, WHEN? _____

- 1) This application authorizes Cochrane Sod Farms Ltd. to contact all references given and to inquire as to this applicant's credit history. The nature and scope of this report will be made available to the applicant on written request.
- 2) Unless otherwise arranged, net terms are 30 days from delivery.
- 3) A service charge on overdue accounts at the rate of 2% per month applies. This rate may change from time to time and customers will then be notified of this change. Your agreement will be to pay these service charges on any portion of the account that remains unpaid after due date and monthly thereafter until paid.
- 4) The applicant accepts full personal responsibility for the payment of goods received unless notification in writing is received to Cochrane Sod Farms Ltd. of a change in ownership or corporation.
- 5) In the unlikely event that quality of material is below standard expectations, such claims must be made within 24 hours of delivery.
- 6) The undersigned certifies and agrees that the above information is true and is given for the purpose of obtaining merchandise and/or service on credit. The applicant has read the terms and conditions and does agree to them.
- 7) **I AUTHORIZE THE USE OF VISA/MASTER CARD ACCOUNT TO PAY IN FULL 1 DAY AFTER THE NET TERMS.**

Visa/Master card# _____ EXP: _____

Name on Card: _____ Signature of Cardholder: _____

NAME: _____

SIGNATURE: _____

CREDIT CHECK COMPLETED BY: _____

APPROVED BY: _____

DATE: _____

CREDIT AMOUNT GIVEN: _____

SALES TAX EXEMPTION NUMBER IS AVAILABLE: _____