

# CREDIT APPLICATION



Fax completed forms to 1-866-869-1493

Legal Name of Firm		
Operating As/Trade Name		
Business Street Address or P.O. Box		
City	Province	Postal Code
Phone: ( )	Fax: ( )	Cell: ( )
Shipping Street Address (if different from Business Address)		
City	Province	Postal Code
Previous Address (if applicable)		
Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		
Date Business Commenced: _____		Date Incorporated: _____
<small>Month/Year</small>		<small>Month/Year</small>

### OWNERS/PARTNERS/OFFICERS:

Name	Position

Do you wish to receive your invoices by:

Regular Mail  or E-Mail  E-Mail Address: \_\_\_\_\_

A/P Contact Name: \_\_\_\_\_

Please Choose one of the following options:

**COD**  Do you wish to keep a Visa or MasterCard on File? Y / N

Acct. # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_

Authorized Signature: \_\_\_\_\_

**CREDIT**  Credit Limit Required: \$ \_\_\_\_\_

**Company or Owner's AirMiles Account Number:**

\_\_\_\_\_

**PRODUCTS TO BE PURCHASED:**  Amana  EverRest  Bosch  Goodman  
 Monessen  Rinnai Air Handler  Rinnai Boiler  Rinnai DV Heaters  Rinnai Hearth  
 Rinnai Tankless  ThermoDrain  Trac-Pipe  Uponor  vanEE  White-Rodgers

**BANK INFORMATION (COD Customers)**

Bank Name	Transit # or Address	Account No.	Contact Name

**\*\* COD Customer please sign the Agreement at the bottom of this page. Customers requesting a CREDIT account, please also complete the Trade Reference section and the Bank Authorization on Page 3. \*\***

**TRADE REFERENCES (Minimum 3 please)**

Company Name	City	Telephone No.	Fax Number

**CREDIT APPLICATION AND AGREEMENT**

Whereas \_\_\_\_\_ (hereinafter the "Applicant") has requested an account with Redmond Williams Distributing, INC. (hereinafter the "Seller") for the purchase of purchasing goods and/or services on a credit or COD basis, the following terms and conditions apply:

1. Credit terms are Net 30 Days from invoice date unless otherwise stated and arranged
2. Payment for COD account orders must be received at the Order Desk at 1-866-869-1493 before the order can be picked up or delivered. Signed authorization for payments on Visa or MasterCard accounts not listed on this Application must be faxed on company letterhead to our Order Desk Dept. listing account number, expiry date and name on card.
3. All invoices shall be payable net and all arrears and overdues will bear interest at the minimum rate of 2% per month or 24% per annum.
4. A \$35.00 fee will be levied for any cheque returned NSF or cancelled by the payee. Replacement cheques must be certified.
5. All short shipments must be reported within 24 hours of receipt of goods. Any damage must be noted on the picking slip or weigh bill at time of delivery.
6. Merchandise may only be returned with prior authorization from the seller (RMA number will be provided).
7. Cancellation: The Seller reserves the right to cancel this credit facility at any time without prior notice to the Applicant.
8. Credit Investigation: The Applicant and undersigned shall provide to the Seller on an ongoing basis such financial information as may be requested and consents to the verification of all information contained in this Application or further information which may subsequently be provided in the future and such personal information as may be deemed necessary. All bank and other credit references indicated are authorized to provide whatsoever information as may be requested by the Seller or its Agent.

The undersigned hereby declares that all of the information supplied in the Credit Application and Agreement is true and accurate and that I am authorized to request an account from Redmond Williams Distributing, INC.. Furthermore, by signing below, I consent and authorize Redmond/Williams Distributing, INC. to obtain from any credit reporting agency or other source, such information as Redmond/Williams Distributing, INC. may deem appropriate, at any time with the credit hereby requested.

Signed at the city/region of \_\_\_\_\_, in the

Province of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name & Title

\_\_\_\_\_  
Company Name

For Internal Use Only			
Sales Rep. Name:	Adam Wills	Sales Rep. No.	04

# BANK AUTHORIZATION



To Whom It May Concern:

The following letter is to confirm that \_\_\_\_\_  
(Applicant)

authorize \_\_\_\_\_ to release any and  
(Name of Bank)  
all credit information with reference to Redmond Williams Distributing, INC., in  
care of Lumbermen's (Synergex). The bank information is as follows:

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Prov., PC: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Please note in order to avoid all delays, all banking information must be requested via bank to bank as this is Canadian procedure and policy.

Thank-you for your co-operation.

Regards,

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, Prov., PC: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_