



**New account**  
Credit application or review



**Billing**

Business name:				
Billing address:			City:	
Province:	Postal code:	Phone no.:	Fax no.:	
Check one: Sole proprietor <input type="checkbox"/>		Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	GST / HST:
				PST:

**Shipping addresses**

**1.** Business name: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Phone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

**2.** Business name: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Phone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

**3.** Business name: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal code: \_\_\_\_\_ Phone no.: \_\_\_\_\_ Fax no.: \_\_\_\_\_

**Contacts** (mandatory fields)

Accounting	E-mail: _____	Name: _____
Purchasing	E-mail: _____	Name: _____
Product recalls	E-mail: _____	

**Name of officers or principal owners**

	Name	Title	Home address	Postal code
1.	_____			
2.	_____			

**Trade references/ suppliers**

1.	Name: _____	Phone no.: _____
2.	Name: _____	Phone no.: _____
3.	Name: _____	Phone no.: _____

**Bank information**

Name: _____	Address: _____		
Phone no.: _____	Account no.: _____	Branch: _____	
Officer's name: _____			

**Credit**

Limit of credit requested: \$ _____	Business history (how long has this business operated under this ownership?) _____
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**Additional information**

In order to optimize the service...

Opening days: Monday  Tuesday  Wednesday  Thursday  Friday

SCHEDULE - Opening: \_\_\_\_\_ Closing: \_\_\_\_\_

Special instructions: \_\_\_\_\_

**Commercial credit terms**

By signing this application, I confirm that I have authority to bind the business and/or the corporation and I agree to abide by the terms of sale as stated on the invoices or if not stated, seven (7) days from the invoice date. I also agree that any overdue accounts are subject to a compounded interest charge of 1.5% per month (19.6% per year). I understand that any cheque not honoured by my Bank for any reason will be charged a 25\$ administration fee.

If I fail to make payment as required, I agree to pay all attorney's fees and collection expenses.

I hereby authorize Bakers & Us, a Bakemark company, to obtain and exchange credit information and further, in the case of a non-incorporated business, to obtain personal information with respect to the undersigned, for the purpose of establishing credit or verifying my financial position.

I certify that the information contained herein is complete, true and accurate. I acknowledge that Bakers & Us, a Bakemark company, may cancel credit without notice.

**Personal Guarantee**

The undersigned, personally and jointly agrees as principal debtor, to guarantee and indemnify Bakers & Us, a Bakemark company, for the payment of all monies due to Bakers & Us, a Bakemark company, by the customer.

For a corporation, the signature of an officer is required; for a partnership, the signature of one of its partners; otherwise, the proprietor of the business.

Print name & title: \_\_\_\_\_

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

Date: \_\_\_\_\_