



CREDIT APPLICATION AND AGREEMENT

ONTOR LIMITED
12 LESWYN ROAD
TORONTO, ON M6A 1K3

PHONE: (416) 781-5286
FAX: (416) 781-7680

THIS CREDIT APPLICATION MUST BE FULLY COMPLETED, SIGNED AND RETURNED TO THE ABOVE OFFICE, BEFORE YOUR CREDIT REQUEST CAN BE CONSIDERED.

LEGAL NAME OF BUSINESS:

OPERATING AS:

ADDRESS:

CITY: PROV: POSTAL CODE:

TELEPHONE: () FAX: ()

PRESIDENT: CONTROLLER:

PURCHASER: NO. OF YRS IN BUSINESS: P.S.T.# (ATTACH. FORM :

WHAT LINE OF BUSINESS ARE YOU IN?

BANK NAME: ADDRESS:

MAIN ACCOUNT NUMBER:

BANK CONTACT NAME: PHONE NO: ()

LINE OF CREDIT REQUIRED: \$ EXPECTED ANNUAL PURCHASES: \$

THREE MAJOR ACTIVE SUPPLIERS

1) NAME:

ADDRESS:

CITY: PHONE NO. () FAX: ()

2) NAME:

ADDRESS:

CITY: PHONE NO. () FAX: ()

3) NAME:

ADDRESS:

CITY: PHONE NO. () FAX: ()

ONTOR'S PAYMENT TERMS ARE NET 30 DAYS FROM DATE OF INVOICE, UPON APPROVAL OF CREDIT. ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF INVOICE DATE. GOODS ARE SHIPPED F.O.B. TORONTO AND MAY ONLY BE RETURNED WITH THE PRIOR AUTHORIZATION OF ONTOR LIMITED.

THE APPLICANT AGREES TO AND UNDERSTANDS THESE TERMS OF SALE.

THE APPLICANT CONSENTS TO ONTOR OBTAINING CREDIT INFORMATION RELATED TO THIS APPLICATION.

DATE: AUTHORIZED OFFICER/OWNER :

NAME: (PLEASE PRINT) TITLE: (PLEASE PRINT)

Indicate Customer Type: (ie: End User, Wholesaler, Distributor):