



255 South Street
Durham, ON NOG 1R0
Phone: 519-369-3547
Fax: 1-159-369-3756
Durham@seeleyandarnill.com
www.seeleyandarnill.com

CREDIT APPLICATION

Company Name: _____

Contact: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Shipping Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ FAX: _____

E-mail: _____

Type of Business: _____ In Business Since: _____

Form of Business: Corporation LLC Partnership Sole Proprietor

Is a Purchase Order required? _____

Name of individual with authorization: _____

If it is to be a blanket PO, please list the number and expiration date.

Number _____ Expiration Date _____

To whose attention should invoices be sent? _____

HST number: _____

If you wish to pay by credit card, please provide information below:

VISA Card Number _____ Exp. Date _____

MasterCard Number _____ Exp. Date _____

American Express Card Number _____ Exp. Date _____



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Bank References (please list name and address of local banks):

Trade References (Please list name, address, phone number, and account number of three references. Do not list credit cards.)

Our terms are net 30 days. Accounts not paid in this time frame will be charged 1.5% interest rate per month (18% per annum) and future orders will be on a C.O.D. basis until the account is current. Should collection or legal action be required to collect past dues, fees for such action will be added to your account.

Print Name: _____ Title: _____

Signed by: _____ Date: _____