

Credit Application

ALL FIELDS ARE REQUIRED - Incomplete information may result in a delay in opening your account

Please Check as appropriate:

New Credit Account	New COD Account	Change to existing Record, Bill to # <input type="text"/>
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Monthly Credit Line Requested:

\$0.00 (COD/Non-dispensing)	Up to \$10,000	\$10,000 – \$20,000	Other \$ <input type="text"/>
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Billing Information:

Legal Name: <input type="text"/>		
Operating Name (If different from Legal Name): <input type="text"/>		
GST/HST Number: <input type="text"/>		
Type of Business Structure (please check one): <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Franchise <input type="checkbox"/> Government <input type="checkbox"/> Hospital		
Type of Clinic (please check one): <input type="checkbox"/> Dispensing <input type="checkbox"/> Non-Dispensing		
In business since/Opening Date: <input type="text"/>	Date available for shipments: <input type="text"/>	
Address: <input type="text"/>		
City: <input type="text"/>	Prov/State: <input type="text"/>	PC/Zip: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	
Ship To Address same as Billing: <input type="checkbox"/> Yes <input type="checkbox"/> No (complete Appendix A if 'No')		
We require a Starter Kit		We require an ADP Letter (Ontario only)

Contact Details:

Sales: <input type="text"/>	Ext: <input type="text"/>	Email: <input type="text"/>
Accounts Payable: <input type="text"/>	Ext: <input type="text"/>	Email: <input type="text"/>

Ownership Details:

Principal owner/shareholder: <input type="text"/>		
Title: <input type="text"/>	Home telephone: <input type="text"/>	
Home address: <input type="text"/>		
City: <input type="text"/>	Prov.: <input type="text"/>	PC: <input type="text"/>

Bank Information (Section must be filled out, void cheque is not sufficient):

Bank Name: <input type="text"/>	Transit #: <input type="text"/>	Account #: <input type="text"/>
Contact Name: <input type="text"/>	Phone: <input type="text"/>	Fax: <input type="text"/>
Address: <input type="text"/>		
City: <input type="text"/>	Prov.: <input type="text"/>	PC: <input type="text"/>

Individual Personal Guarantee

**Individual Personal Guarantee Required for, all businesses, except Government Agencies.
Without Individual Personal Guarantee from Owner(s) or Director(s), Credit Application is not considered complete.**

I, _____, residing at _____, for and
in consideration of your extending credit at my request to _____
(Legal Name of Company)
(hereinafter referred to as the "Company"), of which I am _____, Hereby
(Title)
personally guarantee to you the payment to WS Audiology Canada Inc. in the province of Ontario of any
obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may
become due to you by the Company whenever the Company shall fail to pay the same. It is understood
that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness
of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any
modifications or renewal of the credit agreement hereby guaranteed.

Signature: _____

Date: _____

Address: _____

Phone: _____

Witness: _____

Date: _____

Address: _____

Phone: _____

Supplier (Trade) References:

	Company Name	Contact Name	Email	Phone	Account #
1:					
2:					
3:					

Terms and Conditions of Credit Agreement:

- All invoices are due 30 days from the date of the monthly statement
- Overdue accounts subject to an interest charge at a rate of 1.5% per month, 18% per annum
- NSF cheques subject to a \$50.00 charge
- Failure to comply with these terms and conditions may result in cancellation of credit privileges
- The applicant consents to the obtaining of credit and/or personal information as required in connection with the credit line hereby applied for or any renewal or extension thereof
- The applicant consents to disclosure of any trade information concerning the applicant to any credit reporting agency or to any person with whom the applicant has or proposes to have financial relations
- The information given in this application is warranted to be true, complete and correct and given for the purpose of obtaining credit

Authorized Signing Officer:

Name: _____ Title: _____

Signature: _____ Date: _____

Yes, keep me informed about Signia products and updates.

The email below is authorized to receive promos.

Email: _____

We thank you for your interest in our products and services.

APPENDIX A: Ship To Addresses (If applicable)

Address: <input type="text"/>		
City: <input type="text"/>	Prov/State: <input type="text"/>	PC/Zip: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	
Contact: <input type="text"/>	Email: <input type="text"/>	

Address: <input type="text"/>		
City: <input type="text"/>	Prov/State: <input type="text"/>	PC/Zip: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	
Contact: <input type="text"/>	Email: <input type="text"/>	

Address: <input type="text"/>		
City: <input type="text"/>	Prov/State: <input type="text"/>	PC/Zip: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	
Contact: <input type="text"/>	Email: <input type="text"/>	

Address: <input type="text"/>		
City: <input type="text"/>	Prov/State: <input type="text"/>	PC/Zip: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	
Contact: <input type="text"/>	Email: <input type="text"/>	

Address: <input type="text"/>		
City: <input type="text"/>	Prov/State: <input type="text"/>	PC/Zip: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	
Contact: <input type="text"/>	Email: <input type="text"/>	

Address: <input type="text"/>		
City: <input type="text"/>	Prov/State: <input type="text"/>	PC/Zip: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	
Contact: <input type="text"/>	Email: <input type="text"/>	

Address: <input type="text"/>		
City: <input type="text"/>	Prov/State: <input type="text"/>	PC/Zip: <input type="text"/>
Phone: <input type="text"/>	Fax: <input type="text"/>	
Contact: <input type="text"/>	Email: <input type="text"/>	