



**TML Supply Company**  
CREDIT APPLICATION

CORPORATE OFFICE: P.O. BOX 4088, 2040 FISHER DRIVE, PETERBOROUGH, ONTARIO K9J 7B1 • TEL: (705) 745-4736 • FAX: (705) 745-0084  
 Toronto: tel: (905) 886-5442 • fax: (905) 886-5451 ♦ Sudbury: tel: (705) 566-0037 • fax: (705) 566-0630 ♦ Ottawa: tel: (613) 729-3744 • fax: (613) 729-0960 ♦ Mississauga tel: (905) 795-3875 • fax: (905) 795-3878

please print

LEGAL COMPANY NAME:		PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	CORPORATION <input type="checkbox"/>
MAILING ADDRESS		OWNERS/FULL NAME:		
		DATE OF BIRTH:	S.I.N. #:	
SHIPPING ADDRESS		OWNERS ADDRESS:		
		POSITION:		
BUSINESS PHONE:	PAGER/CELL NO:	FAX:	EMAIL:	
OTHER OWNER(S) NAME(S):		DATE OF BIRTH:	S.I.N. #:	
TRADE NAME:		OWNERS ADDRESS:		
DATE BUSINESS COMMENCED:		DATE OF INCORPORATION:		
TRADE LICENCES HELD:				

TRADE REFERENCES:	CONTACT	PHONE NUMBER	CREDIT LIMIT
1			
2			
3			

<b>BANK INFORMATION</b>	
BANK NAME:	CONTACT:
BRANCH ADDRESS:	
BANK PHONE NUMBER:	BANK FAX NUMBER:
BANK ACCOUNT NUMBER(S):	

<b>GENERAL INFORMATION</b>	
HAVE YOU APPLIED FOR AN ACCOUNT PREVIOUSLY?	WHEN?
HAVE YOU HAD AN ACCOUNT PREVIOUSLY?	WHEN?
HAVE YOU PURCHASED ON A C.O.D. BASIS WITH US?	WHEN?
DO YOU HAVE ANY OTHER BUSINESS AFFILIATIONS? (PLEASE STATE NAME BELOW)	
CURRENT?	PREVIOUS?
AMOUNT OF CREDIT REQUESTED:	

**TERMS OF CREDIT**

I hereby affirm that the information herein given for the purpose of obtaining credit is true and correct. I consent to the use of "personal information" (within the meaning of Canada's and Ontario's Privacy legislation) for the purposes of processing the within application by TML Supply Company (including checking credit worthiness of the applicant or principals) or implementing any collection proceedings. It is agreed that all payments will be made on their due date, in accordance with the terms of sales by the end of the following month of which the purchase is made unless otherwise stated in writing to applicant from TML Supply Company. I understand that in consideration of TML Supply Company accepting this application I agree to pay a service charge of 2% compounded per month or 26.8% per annum that is levied on all overdue accounts. I also understand that past due accounts may result in the termination or suspension of credit privileges. Deductions for holdbacks and/or contra charges are not to be made unless prior authorization is obtained from TML Supply Company. Merchandise returned without authorization will not be accepted. A service charge of \$35.00 shall be payable to TML Supply Company for any N.S.F. cheques. I acknowledge that the legal obligations as created herein continue notwithstanding any sale or any change in control or ownership of the above noted corporation or business unless expressly acknowledged in writing by TML Supply Company to the contrary.

_____ PRINT NAME OF WITNESS	_____ SIGNATURE Legal Owner/Partner/President	_____ PRINT NAME OF SIGNATOR I have the authority to bind the Company
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**PERSONAL GUARANTEE OF CORPORATION DEBT:**

I, the undersigned, in consideration of the granting of credit herein to the above noted corporation, hereby personally guarantee the payment by the corporation of all monies which are presently or may hereafter become due to TML Supply Company for all product which TML Supply Company has or may supply. I understand that by signing this personal guarantee, I am, in my personal capacity, absolutely liable, without reservation, for the payment of all corporate debt.

_____ DATE	_____ SIGNATURE OF GUARANTOR	_____
_____ SIGNATURE OF WITNESS	_____ PRINT NAME OF GUARANTOR	_____ PERSONAL ADDRESS OF GUARANTOR
_____ PRINT NAME OF WITNESS		