



CREDIT APPLICATION

Samuel, Son & Co., Limited
 2360 Dixie Road
 Mississauga, ON L4Y 1Z7
 Ph # : 905-279-5460
 Credit Fax # : 905-281-6034
 EMAIL: credit@samuel.com

PLEASE NOTE: Samuel reserves the right to deny any credit requested on this application or to amend any existing credit arrangement(s) at its sole discretion.

Customer Legal Name (<i>hereinafter "Customer"</i>)		Trade Name (<i>DBA</i>)	
Billing Address (<i>Include City, Province/State, Postal/Zip Code and County</i>)			
		Minority Company	
Shipping Address (<i>Include City, Province/State, Postal/Zip Code and County</i>)			
Telephone Number		Fax Number	
Parent Company (If applicable)		Years in Business	
Federal Tax ID#	Sales Tax ID#	Sales Tax Exemption Number *Include copy of certificate*	
Samuel Business Unit		Samuel Sales Representative	Email Address for invoices:
Accounts Payable / Name:	Phone No:	Email:	
OWNERS (<i>Complete for each owner / shareholder / member or partner / Attach additional pages as needed</i>).			
Name:	Title:	% of Ownership	
Name:	Title:	% of Ownership	
BANK REFERENCE(S)			
BANK NAME / BRANCH ADDRESS <i>(City, Province/State, Postal/Zip Code):</i>		Contact Name:	Email Address:
BANK ACCOUNT AND TRANSIT NO.		Contact Phone No.	Contact Fax No.
SUPPLIER / TRADE REFERENCES			
Company Name	Telephone No.	Fax No.	Email Address:

The undersigned hereby authorizes the Trade References and Banking Institution to provide information to Samuel for the purpose of establishing credit both now and in the future.

By signing this application you agree to the terms and conditions of sale that are publicly posted on our website (samuel.com)

Authorized Signature:	Date:
Print Name:	Title/Position: