

Please print clearly and complete in full. Applications will not be processed if incomplete.

Business and Credit Information

Company Name:

Primary Business Address:

(please list ship to locations on separate page)

City:

Province:

Postal Code:

Years at Current Address:

Phone:

Fax:

Bank Name:

Bank Address:

City:

Account Manager:

Phone:

Email:

Account Numbers:

Savings:

Chequing:

Business Contact Information

Accounts Payable:

Phone:

Fax:

Email:

Date Business Commenced:

Nature of Business:

Sole Proprietorship:

Partnership:

Corporation:

Other:

Principals Responsible for Business Transactions

Full Name:

Title:

Phone:

Email:

Full Name:

Title:

Phone:

Email:

Purchasing Information

Amount Requested:

PO # Required?

Instructions for required PO#:

Persons Authorized to Charge to Account: (If left blank Applicant/Guarantor assumes all risk of use including but not limited to point 3 in agreement section of this application)

Business/Trade references - We require three active references before we will process this application

Company Name:

Account Number:

City: ..

Province:

Postal Code:

Phone:

Fax: .m .m,.m,./. .

Email: .m,.m,. .

Company Name:

Account Number:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

Company Name:

Account Number:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

Agreement

1. All invoices are to be paid within 30 days of date of invoice. If unpaid, an interest charge of 2% (26.8% per annum) will be calculated from 30 days after invoice date until the date of payment.

2. The applicant/guarantor authorizes KMS Tools & Equipment Ltd. to collect, use and disclose the information collected.

3. The applicant/guarantor agrees to pay in full all debts to KMS Tools & Equipment Ltd.

4. The applicant/guarantor agrees that any overdue account is subject to with-held shipments, credit hold and/or possible account closure.

Signature

By signing, the applicant/guarantor agrees all information submitted is correct and true and the agreement has been acknowledged and agreed to by:

Signature of Applicant/Guarantor:

Title:

Name:

Date:

Please return to: 1-888-567-8979 or ar@kmstools.com