



www.eddygroup.com

# EDDY GROUP LIMITED COMMERCIAL CREDIT APPLICATION

Trade Name: \_\_\_\_\_ Credit Limit Required: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ I wish to receive Invoices and Statements by email YES  NO

Shipping Address: \_\_\_\_\_ No. of Years in Business: \_\_\_\_\_

\_\_\_\_\_ Sole Proprietorship  General Partnership  Corporation

Accounts Payable Contact: \_\_\_\_\_ P.O. Required? \_\_\_\_\_ Accept back order? \_\_\_\_\_

Authorized Purchasers: \_\_\_\_\_

### OWNER OR PRINCIPAL OF THE COMPANY

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Address: \_\_\_\_\_

### BANK REFERENCE

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### PRESENT SUPPLIERS OR CREDIT REFERENCES

Suppliers Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Suppliers Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Suppliers Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### CUSTOMER DISCOUNTS

You have 10 total points to reward to each division. Give the most points to the division(s) that most of your sales will be in. Any number from 0 – 10 can be put into a space as long as the total of the points is 10 or less.

**Building Supplies** \_\_\_\_\_ **Hardware** \_\_\_\_\_ **Plumbing, Municipal, HVAC** \_\_\_\_\_ **Electrical, IAC** \_\_\_\_\_

How often do you plan on placing an order? once a month? once a week? every day? etc... \_\_\_\_\_

How much sales volume do you plan on spending with us every month? \_\_\_\_\_

### TERMS: Net 30th month following.

I/We hereby agree to pay service charges at the rate of 2.5% per month (30% per annum) on any amount still outstanding beyond the 30th of the month following month of purchase. The signature below is a further authorization to obtain the information necessary to assess the application for credit.

Dated at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

I/We hereby agree to be personally responsible for the credit applied for by the above company both jointly and severally.

Witness Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

### OFFICE USE ONLY

Market Classification: _____	Customer Market Type: _____	Territory: _____	Programs: YES NO
Salesperson: _____	Pricing Column: _____	Managers Approval: YES NO	

RETURN BY FAX TO Northern New Brunswick (506) 546-7205. Southern New Brunswick & Nova Scotia (902) 895-4098.