



www.eddygroup.com

EDDY GROUP LIMITED PERSONAL CREDIT APPLICATION

Applicant: _____ Telephone Number: _____
 Address: _____ E-Mail Address: _____
 _____ I wish to receive Invoices and Statements by email YES NO
 _____ Social Insurance #: _____
 Postal Code: _____ Birth Date: (yyyy/mm/dd) _____ / _____ / _____
 Present Employer: _____ Years: _____ Present
 Previous Employer: _____ Years: _____ Immediate Supervisor: _____
 Position: _____ Income: _____ Per: _____

CREDIT INFORMATION

Credit Reference 1: _____
 Credit Reference 2: _____
 Additional Credit Information: _____
 Name of Bank: _____ Contact Person & Phone #: _____ #: _____
 Bank Address: _____

HOME INFORMATION

Home Owner: YES NO Mortgage: \$ _____ Mortgage With: _____
 Renting: YES NO Rent Per Month: \$ _____ Landlords Name: _____
 Spouse's Name: _____ Employer: _____ Spouse's Phone #: _____
 Spouse's SIN#: _____ Spouse's Birth Date: (yyyy/mm/dd) _____ / _____ / _____

JOB SPECIFIC INFORMATION

Purpose and Cost: _____
 Building Location: _____
 Additional Information: _____

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? _____

AGREEMENT

I, the undersigned, hereby acknowledge that I have been advised that the terms of this account are 30 days, and any amount not paid by the end of the month following date of purchase will be subject to a service charge of 2.5% per month, 30% per annum, minimum \$0.25 per month. No further credit will be granted on overdue accounts. I acknowledge that I have read and fully understand this application and agree to be bound thereby. I further authorize you to obtain the necessary information to assess my application for credit.

Dated at: (location) _____ This (month) _____ Day of _____, 20____
 Witness Signature: _____ Signature: _____
 Witness Signature: _____ Signature: _____

OFFICE USE ONLY

Market Classification _____ Customer Market Type _____ Territory _____ Programs: YES NO
 Salesperson: _____ Pricing Column: _____ Manager's Approval _____

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