



# MAZIN FURNITURE

H O M E L E G A N C E



scan and e-mail to: [asam@mazinfurniture.com](mailto:asam@mazinfurniture.com) OR fax to: 905-761-1584  
OR post to: 8080 Keele Street, Concord, ON L4K 2A3

## APPLICATION FOR CREDIT TERMS

ACCURATE INFORMATION ENSURES A SPEEDY CREDIT CHECK & ORDER PROCESSING. COMPLETE ALL FIELDS.

<b>LEGAL BUSINESS NAME</b>		CORPORATION	DATE OF INCORPORATION	
		PARTNERSHIP		
		SOLE OWNERSHIP		
BUSINESS OPERATING NAME	<input type="checkbox"/> SAME AS ABOVE	YEARS IN BUSINESS UNDER THIS OPERATING NAME	SALES REPRESENTATIVE	
BUSINESS STREET ADDRESS	APT.	CITY	PROV	POSTAL CODE
PHONE	FAX	E-MAIL		

<b>NAME OF PRINCIPAL / OWNER</b>		DATE OF BIRTH	DAY MONTH YEAR	SOCIAL INSURANCE NUMBER	
PRINCIPAL / OWNER STREET ADDRESS	APT.	CITY	PROV	POSTAL CODE	
DAYTIME PHONE	FAX	PRINCIPAL / OWNER'S E-MAIL			

<b>NAME OF BANK</b>		BRANCH			
BRANCH STREET ADDRESS		CITY	PROV	POSTAL CODE	
BANK CONTACT NAME & TITLE			BANK CONTACT E-MAIL		
BANK ACCOUNT NUMBER		P.S.T. LICENSE NUMBER	G.S.T. LICENSE NUMBER		

<b>HOME FURNISHINGS SUPPLIER #1</b>		CONTACT NAME	
CITY	PHONE	E-MAIL	

<b>HOME FURNISHINGS SUPPLIER #2</b>		CONTACT NAME	
CITY	PHONE	E-MAIL	

<b>HOME FURNISHINGS SUPPLIER #3</b>		CONTACT NAME	
CITY	PHONE	E-MAIL	

Applicant agrees that extension of credit by Mazin Furniture Industries Limited shall be subject to and in consideration of the following terms and conditions: Payment of all amounts due as indicated on each invoice. Amounts not paid on time are subject to a 1 ½% service charge per month until paid in full. Should it be necessary to refer the account balance to a licensed collection agency or attorney for legal action, the applicant shall pay all subsequent charges and legal fees. Applicant authorizes credit references and banking information to be released to Mazin Furniture Industries Limited.

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SIGNATURE OF PRINCIPAL / OWNER TITLE DATE

FOR OFFICE USE ONLY			
ACCOUNT	TERMS	CREDIT LIMIT	APPROVED