



Credit Application

416 386 4656 / www.hbacoustics.ca
8201 Jane St. Building C, Unit 1
Vaughan, ON. L4K 4C1

For Proprietorship or Partnership

Principals name: _____ S.I.N. Number: _____

Home address: _____

Home Tel #: _____ Cell #: _____

Your personal bank: _____ Tel #: _____

Principals name: _____ S.I.N. number: _____

Home address: _____

Home Tel #: _____ Cell #: _____

Your personal bank: _____ Tel #: _____

Or

For Incorporated

Directors name: _____ Position: _____ S.I.N. #: _____

Home address: _____ Postal Code: _____

Home telephone number: _____

Directors bank: _____

Officers name: _____ Position: _____ S.I.N. #: _____

Home address: _____ Postal Code: _____

Home telephone number: _____

Officers bank: _____

By signing below, I authorize Hewson Brothers Acoustic Solutions and/or its agents, to contact any references given, including banks, to release and exchange such credit, banking and financial information as may be necessary to determine credit standing.

I also grant permission to the trade and bank references listed above to impart financial information requested from Hewson Brothers Acoustic Solutions and their agents, in the course of regular credit investigations.

As the principal/owner/operator referred to herein I take notice that reports will be sought containing personal information, financial information and credit information and I consent to the receipt, disclosure and exchange of such information to other business related parties, agents, and consumer reporting agencies.

- 1. **NET 30MF (Payable last banking day of the month following)**
- 2. **2% per month (26.82% per year) for overdue accounts**
- 3. **A 15% restocking fee imposed on all goods returned for credit, no returns on special order products**
- 4. **All merchandise sold will remain the property of Hewson Brothers Acoustic Solutions until payment is paid in full.**

Authorized Name: _____

Signature: _____

Title: _____

Signed at _____ in the Province of _____ this _____ day of _____, 20_____.



Credit Application

416 386 4656 / www.hbacoustics.ca
8201 Jane St. Building C, Unit 1
Vaughan, ON. L4K 4C1

Full legal name of Company: _____

Operating as: _____ How long in business under this name: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Tel #: _____ Fax #: _____ Email: _____

Mailing address if different from above: _____

Are Purchase Orders required? Yes _____ No _____ Signing authority for Purchase Order: _____

Accounts Payable contact: _____ A/P Email: _____

Bank: _____ Bank Account #: _____ Tel #: _____

Amount of credit required: _____ Type of business: _____

Have any of the Principals/Directors/Officers made an assignment of Bankruptcy or have been Petitioned in a Bankruptcy?

No _____ Yes _____ If Yes, explain: _____

REFERENCES

Suppliers Name: _____ Contact Person: _____

Address: _____ Telephone Number: _____

Suppliers Name: _____ Contact Person: _____

Address: _____ Telephone Number: _____

Suppliers Name: _____ Contact Person: _____

Address: _____ Telephone Number: _____