ACCOUNT NUMBER  **JENN-LEA INC.**  FOR OFFICE USE ONLY

 **96 BOWES RD UNIT 13 CONCORD ON L4K 1J7**

 (905) 532-0080 Voice

 (905) 532-0137 Fax

 info@jenn-lea.com

**THIS IS A TWO PAGE CREDIT APPLICATION IN THAT ALL INFORMATION MUST BE COMPLETED.**

**NAME OF COMPANY OR INDIVIDUAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **APPLICANT**

**STREET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROV \_\_\_\_\_\_\_ POSTAL CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CREDIT DESIRED $\_\_\_\_\_\_\_\_\_\_**

**E-MAIL ADDRESS OF A/P DEPT. AND CONTACT PERSON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**YEARS IN BUSINESS \_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHECK ONE OF THE FOLLOWING :**

**\_\_\_\_\_\_ CORPORATION \_\_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_\_ PERSONAL**

**OFFICERS OR PARTNERS NAMES:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRADE REFERENCES: (ALL INFORMATION MUST BE COMPLETED )**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**JENN-LEA INC.**

 **96 BOWES RD UNIT 13 CONCORD ON L4K 1J7**

 (905) 532-0080 Voice

 (905) 532-0137 Fax

**BANK REFERENCE:**

**NAME THE ACCOUNT IS UNDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF BANKING INSTITUTE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STREET \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROV \_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTAL CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ACCOUNT # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BANK OFFICER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**THE FOLLOWING IS THE TERMS OF SALE AND IS NOT NEGOTIABLE.**

**THE UNDERSIGNED SUBMITS THIS APPLICATION SUBJECT TO THE TERMS AND AGREES TO AND UNDERSTANDS THE CONTENT OF THE STATEMENT BELOW:**

1. **ALL PAYMENTS RECEIVED ARE TO BE FIRST APPLIED TO ANY OUTSTANDING BALANCE OF THE ACCOUNT IF A REMITTANCE ADVICE IS NOT SENT WITH PAYMENT.**
2. **APPLICANT UNDERSTANDS TERMS OF SALES AS NET 30 DAYS FROM INVOICE DATE**
3. **INVOICES NOT PAID WITHIN 45 DAYS OF INVOICE DATE ARE CHARGED A FINANCE CHARGE OF 12% PER ANNUM, AND WILL BE PAID**
4. **SHOULD IT BE NECESSARY FOR APPLICANT’S ACCOUNT TO BE TURNED OVER TO AN ATTORNEY OR COLLECTION AGENCY FOR COLLECTION, APPLICANT AGREES TO PAY COLLECTION FEES INCURRED BY SUCH ACTION.**
5. **APPLICANT UNDERSTANDS HE/SHE WILL BE NOTIFIED IF ACCOUNT BALANCE RUNS OVER 45 DAYS, AND THAT THE ACCOUNT WILL BE SUSPENDED AND ORDERS WILL BE HELD AT THE TIME ANY OUTSTANDING BALANCE REACHES 60 DAYS UNTIL WHICH TIME FULL PAYMENT OF THIS OUTSTANDING BALANCE IS RECEIVED AND AT THAT TIME THE APPLICANT’S ACCOUNT IS SUBJECT TO BEING PLACED ON C.O.D.**
6. **APPLICANT UNDERSTANDS HE/SHE WILL BE NOTIFIED IF ACCOUNT RUNS OVER THE SET CREDIT LIMIT AT WHICH TIME PAYMENT ARRANGEMENTS WILL BE MADE.**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE OF OWNER OR OFFICER**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PRINT NAME AND TITLE**

**THE UNDERSIGNED PERSONALLY AND UNCONDITIONALLY GUARANTEES THIS ACCOUNT IN CONSIDERATION OF JENN-LEA INC. SELLING TO THE APPLICANT ON CREDIT AND WILL BE OBLIGATED FOR PAYMENT UNDER THE TERMS OF SALE IN THE ABOVE STATEMENT.**

**DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **SIGNATURE OF GUARANTOR**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **PRINT NAME AND TITLE**