



PMS-C Ltd.

P.O. BOX 1482, Stn B
Mississauga, ON L4Y 4G2

☎ 416.528.8088

☎ 905.271.8402

“Global and Personable”

Fax

To:	From: Accounts Receivable
Phone:	Phone: (416) 528-8088
Fax:	Fax: (905) 271-8591
Date:	
Number of pages: 3 (inclusive of cover page)	
Subject: Credit Application	

To Whom It May Concern:

Please return the completed forms to the above fax number; alternatively, you can fax or email your standard reference forms.

If there are any further questions, please do not hesitate to contact us.

Thank you.



PMS-C Ltd.

P.O. BOX 1482, Stn B
Mississauga, ON L4Y 4G2
☎ 416.528.8088
☎ 905.271.8402

“Global and Personable”

CREDIT AGREEMENT & TERMS

Company Information	
Company Name	
Address	P.O. Box
City, Province	Postal Code
Telephone #:	Fax #:
If Ship to address is different, please provide `ship to location` below:	
Address	
City, Province	Postal Code
No. Years in Business	
Company Ownership: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
If Corporation, what State / Province of Incorporation?	
Name of Principals:	
Nature of Business (Injection moulding, Blow moulding, Stamping, etc) Explain Fully:	
Billing Information	
Accounts Payable Contact	
Telephone #:	Email Address
Purchasing Contact	
Telephone #:	Email Address
Purchase Order Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Credit Card Option? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Receiving Information	
Contact	
Telephone #:	Fax #:
Delivery Appointment Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	



PMS-C Ltd.

P.O. BOX 1482, Stn B
Mississauga, ON L4Y 4G2
☎ 416.528.8088
☎ 905.271.8402

“Global and Personable”

CREDIT INFORMATION

REFERENCES	
Name	Account / Customer #:
Address	
City, Province	
Telephone #:	Fax #:
Name	Account / Customer #:
Address	
City, Province	
Telephone #:	Fax #:
Name	Account / Customer #:
Address	
City, Province	
Telephone #:	Fax #:
BANK REFERENCES	
Name <small>(full name of banking institute)</small>	
Address	
City, Province	
Telephone #:	Fax #:
Account Officer	Bank Account #:
CREDIT APPROVAL	
<p>Upon credit approval, the applicant agrees to the following regarding all purchases made by applicant or by an applicant's account:</p> <ol style="list-style-type: none"> 1. Terms are net 30 days unless otherwise agreed to. 2. The vendor reserves the right to refuse charges on the account any time it feels itself insecure. 3. In the event collection agency or legal action is required to collect on the account, customer agrees to pay all fees and costs incurred. 4. The seller may request, at its discretion, a consumer and / or commercial credit report be acquired to confirm credit history. 	

Signature _____ Company name _____
 Title of Signee _____ Date _____