



# Credit Application

**Cavalier Sales Representative:** \_\_\_\_\_

**Legal business name:** \_\_\_\_\_

HST # \_\_\_\_\_ GST # \_\_\_\_\_ PST # \_\_\_\_\_ DUNS # \_\_\_\_\_

Other trade name(s): \_\_\_\_\_

**Principal address:** \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_

**Billing address** (if different): \_\_\_\_\_ City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

If applicable: Shipping/receiving hours: \_\_\_\_\_ Appointments required?  Yes  No

Commodity: \_\_\_\_\_ Purchase order required?  Yes  No

**Principal(s)/Officer(s):**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business Information:**

Year started: \_\_\_\_\_ Type of business:  Corporation  Partnership  Proprietorship  Other \_\_\_\_\_

**Payable Contact**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

**Bank Reference:**

Name of Bank: \_\_\_\_\_ Account # \_\_\_\_\_ Branch: \_\_\_\_\_ Contact: \_\_\_\_\_

**Supplier References:**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Broker Information:** Inbound: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

Outbound: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_

I(we) hereby authorize Cavalier Group of Companies to obtain credit or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account.

I(we) \_\_\_\_\_ (Company Name) understand that all accounts are net 10 days payment from date of invoice.

A service charge of 2.5% per month may apply on the amount of any overdue account. I further agree to pay collection and/or legal fees incurred by Cavalier collection of any past due amounts.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Name & Title: \_\_\_\_\_