**WALDAN GARDENS CREDIT APPLICATION**

 43069 Wills Rd, Wainfleet, ON L0S 1V0

905-899-4440

CONTACT INFORMATION

|  |  |
| --- | --- |
| YOUR NAME Click here to enter text. | TITLE Click here to enter text. |
| EMAIL ADDRESS Click here to enter text. | PHONE Click here to enter text. |

BUSINESS INFORMATION AS REGISTERED: BILLING ADDRESS

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| --- |
| COMPANY NAME Click here to enter text. |
| ADDRESS Click here to enter text. | PHONE Click here to enter text. |
| CITY Click here to enter text. | STATE Click here to enter text. | ZIP CODE Click here to enter text. |
| EMAIL ADDRESS Click here to enter text. | TAX ID NUMBER (9 DIGITS) Click here to enter text. |

SHIPPING ADDRESS (IF DIFFERENT THAN BILLING ADDRESS)

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| --- | --- |
| ADDRESS Click here to enter text. | PHONE Click here to enter text. |
| CITY Click here to enter text. | STATE Click here to enter text. | ZIP CODE Click here to enter text. |

ACCOUNTS PAYABLE INFORMATION

|  |  |  |
| --- | --- | --- |
| NAME Click here to enter text. | PHONE Click here to enter text. | EMAIL Click here to enter text. |

BANK INFORMATION

|  |  |
| --- | --- |
| BANK NAME Click here to enter text. | CONTACT NAME Click here to enter text. |
| ADDRESS Click here to enter text. | PHONE Click here to enter text. |
| CITY Click here to enter text. | STATE Click here to enter text. | ZIP CODE Click here to enter text. |
| TYPE OF ACCOUNT Click here to enter text. | ACCOUNT NUMBER Click here to enter text. |
| SAVINGS Click here to enter text. |  |
| CHECKINGS Click here to enter text. |  |

BUSINESS REFERENCES (PLEASE PROVIDE THREE OTHER COMPANIES YOUR BUSINESS HAS ESTABLISHED CREDIT WITH PREVIOUSLY)

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| --- | --- |
| COMPANY Click here to enter text. | CONTACT NAME Click here to enter text. |
| PHONE Click here to enter text. | EMAIL Click here to enter text. |
| ADDRESS Click here to enter text. | TITLE Click here to enter text. |
| CITY Click here to enter text. | STATE Click here to enter text. | ZIP CODE Click here to enter text. |
| COMPANY Click here to enter text. | CONTACT NAME Click here to enter text. |
| PHONE Click here to enter text. | EMAIL Click here to enter text. |
| ADDRESS Click here to enter text. | TITLE Click here to enter text. |
| CITY Click here to enter text. | STATE Click here to enter text. | ZIP CODE Click here to enter text. |

|  |  |
| --- | --- |
| COMPANY Click here to enter text. | CONTACT NAME Click here to enter text. |
| PHONE Click here to enter text. | EMAIL Click here to enter text. |
| ADDRESS Click here to enter text. | TITLE Click here to enter text. |
| CITY Click here to enter text. | STATE Click here to enter text.  | ZIPCODE Click here to enter text. |

CREDIT AGREEMENT

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| --- |
| 1. ALL INVOICES MUST BE PAID WITHIN 30 DAYS OF THE DATE ISSUED
2. ANY CLAIMS REGARDING AN INVOICE MUST BE MADE WITHIN 7 DAYS OF THE DATE ISSUED
3. YOU AUTHORIZE INQUIRY INTO THE BANKING AND BUSINESS REFERENCES PROVIDED WITH THIS APPLICATION
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Personal Guarantee

In consideration of the extension of credit by the Seller to the Applicant, the undersigned does jointly and severally guarantee to pay and be responsible for payment of all sums, balances and accounts due by Applicant, including administration charges and collection charges. This shall be an open and continuing guarantee and shall continue in force notwithstanding any change in the form of such indebtnesses, or renewals or extensions granted by the Seller, without obtaining any consent thereto, and until expressly revoked by written notice from the undersigned to the Seller. Any such revocation shall not in any manner affect the undersigned liability as to any indebtness existing prior thereto. The undersigned hereby waives notice of the acceptance of this agreement, notice of default or non-payment and waives action required by any statute, against the Applicant. No delay on Seller's part in exercising any right hereunder or taking any action to collect or enforce payment of any obligations herein guaranteed, either as against the Applicant or any other person primarily or secondarily liable with the Applicant shall operate as a waiver of any such right or in any manner prejudiced Seller's rights against the undersigned. The undersigned agrees that in the event of any default at any time by said Applicant, Seller shall be entitled to look to the undersigned immediately for full payment without prior demand or notice. Upon the request of the Seller an additional form may be completed if necessary. The guarantor consents to register and /or otherwise secure this guarantee.

NAME OF GUARANTOR (PLEASE PRINT OR TYPE NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF GUARANTOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF WITNESS (PLEASE PRINT OR TYPE NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email response to mike@waldan.ca or fax to 905-899-4441