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| **CREDIT APPLICATION**  GORD DAVENPORT AUTOMOTIVE INC.  Head Office: 74 First Street, Orangeville, Ontario L9W 2E4  Toll Free 1-800-265-9119 Phone: (519) 941-1233  Email: kim.kallay@davenports.ca; Fax: (519)941-1234 | | | | | |
| **BUSINESS CONTACT INFORMATION** | | | | | |
| Title of Applicant: | | | | | |
| Company name: | | | | | |
| Phone#: | | Fax#: | | E-mail: | |
| Registered company address: | | | | | |
|  | | Province: | | Postal Code: | |
|  | | | | | |
| Sole proprietorship: | Partnership: | | Corporation: | | Other: |
| **BUSINESS AND CREDIT INFORMATION** | | | | | |
| Primary business address: | | | | | |
| City: | | Province: | | Postal Code: | |
| How long at current address? | | | | | |
| PHONE#: | | | E-mail: | | |
| Bank name: | | | | | |
| Bank address: | | | Phone: | | |
| City: | | Province: | | Postal Code: | |
| Type of account (please circle): CHEQUING SAVINGS | | | Account # | | |
| **BUSINESS/TRADE REFERENCES (please provide two)** | | | | | |
| **1.Company name:** | | | Address: | | |
| City: | | Province: | | Postal Code: | |
| PHONE#: | | | E-mail: | | |
| Type of account: | | | | | |
| **2.Company name:** | | | | | |
| Address: | | | | | |
| City: | | Province: | | Postal Code: | |
| PHONE#: | | | E-mail: | | |
| Type of account: | | | | | |
| **AGREEMENT** | | | | | |
| 1. The undersigned acknowledges and agrees that all invoices are to be paid by the 25th of the month following the statement date. Your account would then be placed on C.O.D or Hold if payment is not received beyond 60 days.  2. The undersigned also acknowledges and agrees, in the event of default of terms of payment, to pay a **service charge** on the unpaid balance at the rate **(2%) per month** or (26.82%) per annum until the balance is paid in full.  3. By submitting this application, you authorize **Gord Davenport Automotive Inc**. to make inquiries into the banking and business/trade references that you have supplied. | | | | | |
| **SIGNATURES:** | | | **\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*** | | |
| Applicant (please print):  Applicant’s Signature:  Type of account requested:  Statement Delivery:  Date:  Signature or PO # Required?  HST #: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CASH or CREDIT (Please circle)  MAIL or EMAIL (Please circle)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  YES or NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Type of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pricing: Rebate Level:  Credit Limit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  New Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |