



# MAZIN FURNITURE

H O M E L E G A N C E



## APPLICATION FOR CREDIT TERMS

ACCURATE INFORMATION ENSURES A SPEEDY CREDIT CHECK & ORDER PROCESSING. COMPLETE ALL FIELDS.

scan and e-mail to: [receivables@mazinfurniture.com](mailto:receivables@mazinfurniture.com) OR fax to: 905-761-1584

OR post to: 8080 Keele Street, Concord, ON L4K 2A3

<b>LEGAL BUSINESS NAME</b>		CORPORATION	
		PARTNERSHIP	
		SOLE OWNERSHIP	
BUSINESS OPERATING NAME		<input type="checkbox"/> SAME AS ABOVE	DATE OF INCORPORATION
BUSINESS STREET ADDRESS		CITY	PROV POSTAL CODE
PHONE	FAX	E-MAIL	

<b>PRINCIPAL / OWNER</b>		<b>ACCOUNTS PAYABLE</b>	
PRINCIPAL / OWNER STREET ADDRESS		E-MAIL	
CITY	PROV	POSTAL CODE	PHONE FAX

<b>BANK</b>		<b>BRANCH</b>	
BRANCH STREET ADDRESS		CITY	PROV POSTAL CODE
BANK CONTACT NAME & TITLE		BANK CONTACT E-MAIL	
BANK ACCOUNT NUMBER	P.S.T. LICENSE NUMBER	G.S.T. LICENSE NUMBER	

<b>HOME FURNISHINGS SUPPLIER #1</b>		<b>CONTACT NAME</b>	
CITY	PHONE	E-MAIL	

<b>HOME FURNISHINGS SUPPLIER #2</b>		<b>CONTACT NAME</b>	
CITY	PHONE	E-MAIL	

<b>HOME FURNISHINGS SUPPLIER #3</b>		<b>CONTACT NAME</b>	
CITY	PHONE	E-MAIL	

Applicant agrees that extension of credit by Mazin Furniture Industries Limited shall be subject to and in consideration of the following terms and conditions: Payment of all amounts due as indicated on each invoice. Amounts not paid on time are subject to a 1 ½% service charge per month until paid in full. Should it be necessary to refer the account balance to a licensed collection agency or attorney for legal action, the applicant shall pay all subsequent charges and legal fees. Applicant authorizes credit references and banking information to be released to Mazin Furniture Industries Limited.

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SIGNATURE OF PRINCIPAL / OWNER TITLE DATE

FOR OFFICE USE ONLY					
ACCOUNT	CREDIT TERMS	CREDIT LIMIT	SHIP TERMS	SALES REP	APPROVED