

# QUALITY MOLDED PLASTICS LTD.

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## CUSTOMER INFORMATION AND CREDIT APPLICATION

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Company name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Billing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business principals: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

PST Exempt Nbr: \_\_\_\_\_

PO's Required?

Yes

No

Projected annual purchases: \_\_\_\_\_

Number of years in business: \_\_\_\_\_

Please provide three trade references and banking information:

Reference #1:

Company name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Reference #2

Company name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Reference #3:

Company name: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Contact: \_\_\_\_\_

Bank information:

Bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Account manager: \_\_\_\_\_

**Credit terms are Net 30 days from invoice date. Interest is charged on overdue amounts at a rate of 1.5% per month.**

I agree to abide by the above terms and to pay finance charges on overdue invoices as described above.

Name (print): \_\_\_\_\_

Position: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Date: \_\_\_\_\_