

St. John Ambulance
COMMERCIAL CREDIT APPLICATION
RETURN BY FAX TO 905-568-4838 or email suzanne.barrett@on.sja.ca

TO AVOID DELAY, COMPLETE AND SIGN BOTH SIDES OF THIS DOCUMENT

LEGAL NAME OF ENTITY _____

ALSO KNOWN AS _____

PARENT COMPANY OR AFFILIATE _____

MAILING ADDRESS _____

STREET ADDRESS

CITY

PROV

POSTAL CODE

PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____

SHIPPING ADDRESS: _____

STREET ADDRESS

CITY

PROV

POSTAL CODE

OFFICERS, PARTNERS, OR OWNERS

NAME _____ POSITION _____

ADDRESS _____

EMAIL _____ TEL# _____

NAME _____ POSITION _____

ADDRESS _____

EMAIL _____ TEL# _____

PRIMARY BUSINESS TYPE _____

ESTIMATED ANNUAL PURCHASES WITH SJA \$ _____ PURCHASE ORDER REQUIRED YES _____ / NO _____

OPERATING SINCE _____ NUMBER OF EMPLOYEES _____ PREMISES OWNED _____ / LEASED _____
MONTH DAY YEAR

BANKING INFORMATION _____ (_____) _____

NAME OF INSTITUTION

PHONE NUMBER

STREET

CITY

PROVINCE

POSTAL CODE

A/P CONTACT _____ TEL # (_____) _____, ext. _____ FAX (_____) _____

PURCHASING CONTACT (1) _____ TEL # (_____) _____ ext. _____ FAX (_____) _____

TITLE _____ E-MAIL _____

PURCHASING CONTACT (2) _____ TEL # (_____) _____ ext. _____ FAX (_____) _____

TITLE _____ E-MAIL _____

NAME OF TRADE REFERENCES/CONTACT	TEL/FAX	EMAIL

INTERNAL USE ONLY

_____	_____	_____	_____	_____
CREDIT APPROVED	ACCOUNT NUMBER	STATEMENT NUMBER	A/R LEDGER	A/R LIMIT

CREDIT CONVENTION

The merchant or individual(s) whose name appears on the front page of this document, thereafter called "client", by signing, is bound to respect the following conditions.

1. Upon acceptance of this application, the customer may purchase goods on credit, up to the limit set by St. John Ambulance. The interest owed by the client, will be calculated at a rate of 2% per month (24% per year). This interest will be calculated on the outstanding balance remaining unpaid after the 30 days delay afore said and will be posted according to the date at which the transaction was compiled for a second time.
2. The client will promptly (the Company) advise of any change susceptible to affect these credit terms.
3. If the client fails to comply with the conditions herein stipulated, the entire debt will immediately become due and payable in full notwithstanding any other contradictory disposition. Therefore, (the Company) reserves de right to cancel at anytime the amount of credit previously allowed. In the case where the client's account had to be placed under collection with a specialised firm or intermediate, he (the client) agrees to pay the court's fee, charges and expenses, as well as collection fees, judicial and extrajudicial fees the Company will have to pay to its solicitors or intermediates in order to collect whatever past due amount.
4. The undersigned (or the undersigned authorized to do so by resolution) consents that credit information be asked to a third party by our company or one of its representatives, whenever they judge useful or necessary to do so for the present credit application or when establishing the credit convention. Furthermore, he will allow that such information be divulged to any credit agent, society or company with whom he is sharing or intends to share a business relationship.

SIGNATURE OF AN AUTHORIZED SIGNATORY AND WITNESS ARE MANDATORY BEFORE THE CREDIT APPLICATION WILL BE CONSIDERED.

SIGNATORY(IES):

_____	_____
Shareholder or authorized officer	Date
_____	_____
Name Printed and Title	Witness
_____	_____
Shareholder or authorized officer	Date
_____	_____
Name Printed and Title	Witness

PERSONAL GUARANTEE

THE UNDERSIGNED ASSUMES PERSONAL RESPONSIBILITY FOR AND JOINTLY AND SEVERALLY (SOLIDARILY) WITH THE ABOVE APPLICANT GUARANTEES PAYMENT OF THE APPLICANT'S ACCOUNT, INCLUDING ANY INTEREST THEREON. THE UNDERSIGNED UNDERSTANDS THAT PERSONAL INFORMATION ABOUT THE UNDERSIGNED MAY BE COLLECTED, USED AND DISCLOSED IN ACCORDANCE WITH APPLICABLE LEGISLATION AND SJA PRIVACY CODE AND CUSTOMER PRIVACY POLICY AND CONSENTS TO SUCH COLLECTION, USE AND DISCLOSURE AS SPECIFIED ABOVE

GUARANTEE: I, _____, undersigned take joint and several guarantees of this client's debts and revoke the privilege of discussion and division.

Signed on _____ year _____

Guarantee Signature Title