



Credit Application

RS Distribution Services Ltd. RS Express Ltd. RS Distribution Inc. **BUSINESS INFORMATION**

DATE: _____

Legal Name of Company:		
Address:		
Phone :	Fax:	Nature of Business:
Type of Business:	Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>
Name(s) of Owner(s):	Title:	Email:
Name of Officer(s):	Title:	Email:
Accounts Payable Contact Name:	Email:	
Date Established:	GST#:	
Credit Limit Requested:	PST#:	

BANK INFORMATION

Bank and Branch:		
Bank Address:		
Bank Contact:	Phone:	Email:
Type of Accounts:	Account No.	

REFERENCES (Minimum 3 References Required)

Company Name:		
Address:		
Contact Person:	Email:	
Phone:	Fax:	High Credit:
Company Name:		
Address:		
Contact Person:	Email:	
Phone:	Fax:	High Credit:
Company Name:		
Address:		
Contact Person:	Email:	
Phone:	Fax:	High Credit:

I/we hereby authorize the RS Group to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a Credit Account or for any other direct business requirements. I/we hereby authorize those credit agencies to provide such information as the RS Group may request.

I/we understand account invoices are due upon receipt and undertake to pay such invoices accordingly. I also understand that failure to do so will result in the withdrawal of our credit privileges. I/we agree to pay a service charge of **24% interest per annum** (2% per month) calculated monthly on all overdue accounts.

Name & Signature of Applicant: _____ **Date:** _____

Name & Signature of Witness: _____ **Date:** _____

By signing you also agree to receive our company newsletters issued from time to time sent out via email. You can unsubscribe at any time.

COMPANY USE ONLY - APPROVED YES NO **CREDIT LIMIT:** _____ **Approved By:** _____

