

## APPLICATION FOR CREDIT

### COMPANY INFORMATION

Registered Name: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Years in Business: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_ HST Number: \_\_\_\_\_

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

Please note: Invoices will be sent electronically to the email address above unless specified otherwise.

Names and address of the owner(s):  
\_\_\_\_\_  
\_\_\_\_\_

### BANKING INFORMATION

Name & Address of Bank: \_\_\_\_\_

How Long: \_\_\_\_\_ Line of Credit: \_\_\_\_\_

### TRADE REFERENCES

Name	City & Province	Email Address	Telephone#
1. _____	_____	_____	_____
2. _____	_____	_____	_____

### ACCOUNT SECURITY

I agree to provide the valid credit card information to secure my account. I understand that my credit card will not be used without my authorization and that my credit card information will be securely stored by Chase Paymentech.

I am aware that I will be responsible to keep my card information current and any card changes, such as the expiry date, are my responsibility to notify Nova West Laboratory. Failure to do so can cause my account to be suspended.

### PAYMENT OPTIONS

I authorize Nova West Laboratory to charge the monthly balance of my account to the credit card provided with this application on the statement date, the last day of each month.

I will make regular payments and maintain current account status. Failure to maintain current account status will default to automatic payments on invoices exceeding 60 days old.

### **I/We acknowledge and agree to comply with the following:**

- a) All accounts are due and payable per the terms stated on each invoice (unless otherwise stipulated in writing) and that a service charge of 2% per month (24% annum) will be applied to past due invoices.
- b) Nova West Laboratory Limited reserves the right to obtain credit information on the applicant from any source, including a credit report, to verify the information given on this application.

INTERNAL USE ONLY		
Approved	Credit Limit	Date

Signature of Owner, Director, or Approved Signing Authority  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_