



CREDIT APPLICATION
COMPLETE ALL SECTIONS. PLEASE PRINT UNLESS OTHERWISE INDICATED.

LEGAL NAME OF BUSINESS: _____

TRADE NAME, OR OPERATING AS: _____

DELIVERY ADDRESS

BILLING ADDRESS

STREET _____

TOWN _____
PROVINCE _____
POSTAL CODE _____

STREET _____
PO BOX _____
TOWN _____
PROVINCE _____
POSTAL CODE _____

CONTACT INFORMATION

DELIVERY

(NAME) _____ (PHONE) _____ (EMAIL) _____

ACCOUNTS PAYABLE

(NAME) _____ (PHONE) _____ (EMAIL) _____

OWNER OR MANAGER

(NAME) _____ (PHONE) _____ (EMAIL) _____

NAME AND ADDRESS OF PRINCIPAL OWNERS/SHAREHOLDERS

NAME	HOME ADDRESS	PHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

BANK INFORMATION

BANK NAME: _____ BRANCH: _____

ACCOUNT#: _____ TRANSIT: _____

BUSINESS LOCATION

OWNED LEASED/RENTED MOBILE

TRADE REFERENCES

SUPPLIER	CONTACT	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____

WEEKLY CREDIT LIMIT REQUESTED: \$ _____

CREDIT TERMS REQUESTED: CASH/COD 7 DAY 14 DAY

I AM INTERESTED IN AUTOMATIC PAYMENT WITHDRAWAL (PAD) Y/N: _____

- Accounts are due and payable according to the terms indicated on the invoices.
- I/We understand that O. H. Armstrong Ltd / Armstrong FoodService has the right to revoke Credit privileges if the outlined requirements are violated.
- In connection with my application for credit; I/We authorize O.H.Armstrong Ltd. / Armstrong Foodservice to obtain and or exchange personal and business information with any personal or business agent towards establishing or verifying my financial standing.
- I/We hereby certify that all the information supplied on this application is true and accurate to the best of my/our knowledge and belief and the information is submitted for the purpose of obtaining credit from O.H.Armstrong Limited / Armstrong FoodService. I/we agree to the terms and conditions of sale as stated, and agree to pay interest at the rate of eighteen (18%) per annum on all overdue accounts.

Signature _____ Name Printed _____

Position _____ Date _____

GUARANTEE TO OH ARMSTRONG/ARMSTRONG FOODSERVICE

In consideration of O.H.Armstrong Limited /Armstrong FoodService selling to the Applicant goods and other valuable consideration, the receipt of which is hereby acknowledged by the undersigned, the undersigned personally and unconditionally guarantees payment of all amounts due to O.H.Armstrong Limited / Armstrong FoodService by the Applicant arising from the credit granted to the Applicant.

Signed this _____ day of _____ 20 _____ .

Signature of Owner/Shareholder _____

Name Printed _____

Witness Signature _____

Witness Name Printed _____

OFFICE USE	
CREDIT	_____
TERMS	_____
REP	_____

PLEASE PRINT COMPLETED FORM - HAND SIGN AND SUBMIT / RETURN VIA : email to ar@oharmstrong.ca , your sales rep or mail to P.O. BOX 220 KINGSTON, NS BOP 1R0