



**THE SANSIN CORPORATION**  
**CREDIT APPLICATION FOR NEW DIRECT ACCOUNTS**



**SUBMIT BELOW** OR MAIL/FAX TO: THE SANSIN CORPORATION

**I am interested in:**  
 Becoming a full-line Sansin Distributor   
 Project-specific purchases

111 MacNab Ave.  
 Strathroy, ON N7G 4J6  
 Tel (519) 245-2001 Fax (519) 245-4759

DATE \_\_\_\_\_ REPRESENTATIVE'S NAME \_\_\_\_\_  
 INFORMATION SUBMITTED WILL BE KEPT STRICTLY CONFIDENTIAL

BUSINESS: _____	Fax: _____	PLEASE INDICATE: limited <input type="checkbox"/>
		incorporated <input type="checkbox"/>
ADDRESS _____	e-mail: _____	registered <input type="checkbox"/>
CITY & PROVINCE & POSTAL CODE _____	PHONE #: _____	
PST # _____ (CANADA ONLY)	TAX ID# _____ (USA ONLY)	

**IF LIMITED OR INCORPORATED COMPANY: PLEASE COMPLETE**

NAME OF OWNERS OR DIRECTORS	PERSONAL ADDRESS (STREET NAME)	CITY & PROVINCE postal code
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

IF SOLE PROPRIETORSHIP OR INDIVIDUAL, THE FOLLOWING STATEMENT IS REQUIRED.  
 THE APPLICANT SIGNATURE: I HEREBY CONSENT TO A ROUTINE VERIFICATION BY THE SANSIN CORPORATION IF NECESSARY.

\_\_\_\_\_

APPLICANTS SIGNATURE

**TRADE REFERENCES:**

NAME	FAX	TELEPHONE
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

BANK NAME: \_\_\_\_\_ Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ City \_\_\_\_\_

**EXPECTED YEARLY CREDIT REQUIREMENTS:** \$ \_\_\_\_\_  
 IF AMOUNT EXCEEDS \$ 10,000.00 A COPY OF THE FINAN. STATEMENTS MAY BE REQUIRED. AVAILABLE: YES  NO

Certification statement: In event this account becomes delinquent and is placed into the hands of a licensed collector or attorney for collection, I (we) agree to pay, in addition to the delinquent amounts and finance charges thereon, collection or attorney fees, including court costs, equal to 25% of the delinquent balance, or the maximum allowed under provincial / state law, whichever is less. Undersigned is Owner and/or Director of above named company

Name : (printed) \_\_\_\_\_ Title \_\_\_\_\_

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

FOR CREDIT DEPT. USE ONLY: Date open: \_\_\_\_\_ Amount \_\_\_\_\_ Terms \_\_\_\_\_ Appr.by: \_\_\_\_\_  
 Remarks: \_\_\_\_\_ Appr.by: \_\_\_\_\_  
 Processed by: \_\_\_\_\_