



# THE SANSIN CORPORATION

## CREDIT APPLICATION FOR NEW DIRECT ACCOUNTS



**I am interested in:**

- Becoming a full-line Sansin Distributor
- Project-specific purchases

**SUBMIT BELOW**

or Mail/Fax to:

**The Sansin Corporation**

111 MacNab Avenue  
 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: _____	<b>PLEASE INDICATE:</b>
ADDRESS: _____	EMAIL: _____	Corporation <input type="radio"/>
CITY/PROV./POSTAL CODE: _____	PHONE: _____	Partnership <input type="radio"/>
PST# (CANADA ONLY) _____	TAX ID# (US ONLY) _____	Proprietorship <input type="radio"/>

**IF CORPORATION OR A PARTNERSHIP (PLEASE COMPLETE):**

NAME OF OWNERS OR DIRECTORS	PERSONAL ADDRESS	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

**BANK AND TRADE REFERENCES**

BANK NAME _____	PHONE _____	EMAIL _____	CITY _____
BANK ADDRESS _____	CONTACT _____	ACCT# _____	
BUSINESS NAME	CONTACT	PHONE	EMAIL
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

**EXPECTED CREDIT REQUIREMENTS BASED ON 30 DAY TERMS:** \$ \_\_\_\_\_

IF AMOUNT EXCEEDS \$10,000 A COPY OF THE FINANCIAL 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:			

**SUBMIT**