

# CREDIT APPLICATION



ALL FIELDS ARE REQUIRED - Incomplete information may result in a delay in opening your account

Please Check as appropriate:

New Credit Account	New COD Account	Change to existing Record, Bill to #	
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Monthly Credit Line Requested:

\$0.00 (COD/Non-dispensing)	Up to \$10,000	\$10,000 - \$20,000	Other \$	
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Billing Information:

Legal Name:						
Operating Name (If different from Legal Name):						
GST/HST Number:						
Type of Business Structure (please check one):	Proprietorship	Partnership	Corporation	Franchise	Government	Hospital
Type of Clinic (please check one):	Dispensing	Non-Dispensing				
In business since/Opening Date:		Date available for shipments:				
Address:						
City:		Prov/State:		PC/Zip:		
Phone:		Fax:				
Ship To Address same as Billing:	Yes	No (complete Appendix A if 'No')				
<b>We require an ADP Letter (Ontario only)</b>						

Contact Details:

Sales:		Ext:		Email:	
Accounts Payable:		Ext:		Email:	

Ownership Details:

Principal owner/shareholder:					
Title:		Home telephone:			
Home address:					
City:		Prov.:		PC:	

Bank Information (Section must be filled out, void cheque is not sufficient):

Bank Name:		Transit #:		Account #	
Contact Name:		Phone:		Fax:	
Address:					
City:		Prov.:		PC:	

# INDIVIDUAL PERSONAL GUARANTEE



**Individual Personal Guarantee Required for, all businesses, except Government Agencies. Without Individual Personal Guarantee from Owner(s) or Director(s), Credit Application is not considered complete.**

I, \_\_\_\_\_, residing at \_\_\_\_\_,

for and in consideration of your extending credit at my request

to \_\_\_\_\_ (hereinafter referred to as the "Company"),  
(Legal Name of Company)

of which I am \_\_\_\_\_, Hereby personally guarantee to you  
(Title)

the payment to WS Audiology Canada Inc. in the province of Ontario of any obligation of the Company and I hereby agree to bind myself to pay you on demand any sum which may become due to you by the Company whenever the Company shall fail to pay the same. It is understood that this guarantee shall be a continuing and irrevocable guarantee and indemnity for such indebtedness of the Company. I do hereby waive notice of default, non-payment and notice thereof and consent to any modifications or renewal of the credit agreement hereby guaranteed.

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

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

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

Phone: \_\_\_\_\_

Witness: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

**Supplier (Trade) References:**

	Company Name	Contact Name	Email	Phone	Account #
1:					
2:					
3:					

**Terms and Conditions of Credit Agreement:**

- All invoices are due 30 days from the date of the monthly statement
- Overdue accounts subject to an interest charge at a rate of 1.5% per month, 18% per annum
- NSF cheques subject to a \$50.00 charge
- Failure to comply with these terms and conditions may result in cancellation of credit privileges
- The applicant consents to the obtaining of credit and/or personal information as required in connection with the credit line hereby applied for or any renewal or extension thereof
- The applicant consents to disclosure of any trade information concerning the applicant to any credit reporting agency or to any person with whom the applicant has or proposes to have financial relations
- The information given in this application is warranted to be true, complete and correct and given for the purpose of obtaining credit

**Authorized Signing Officer:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Yes, keep me informed about Widex products and updates.

The email below is authorized to receive promos.

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

**We thank you for your interest in our products and services.**

# APPENDIX A: SHIP TO ADDRESSES (IF APPLICABLE)



Address:		
City:	Prov/State:	PC/Zip:
Phone:	Fax:	
Contact:	Email:	

Address:		
City:	Prov/State:	PC/Zip:
Phone:	Fax:	
Contact:	Email:	

Address:		
City:	Prov/State:	PC/Zip:
Phone:	Fax:	
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Contact:	Email:	

Address:		
City:	Prov/State:	PC/Zip:
Phone:	Fax:	
Contact:	Email:	