



1795 Ironstone Manor
 Unit 1
 Pickering, Ontario L1W 3W9
 Phone: (905) 831-3364
 Fax: (905) 831-7916

**Somcan Distribution Ltd
 Customer Credit
 Application**

*** ALL FIRST ORDERS MUST BE COD ***

Date Of Application: _____ Company Name: _____ Address: _____ _____ Phone # _____ Fax # _____ Sales Contact: _____ Accounting Contact & Email: _____ Date Business Started: _____ Type of Business: _____	Please check one of the following: Proprietorship Partnership Corporation List Name(s) and complete address(es) of owner(s) If corporation, authorized officer Name: _____ Address: _____ Name: _____ Address: _____
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TRADE REFERENCES

1	Name: _____	Phone: _____
	Address: _____	Fax: _____
2	Name: _____	Phone: _____
	Address: _____	Fax: _____
3	Name: _____	Phone: _____
	Address: _____	Fax: _____

BANK REFERENCES

1	Name: _____	Phone: _____
	Address: _____	Fax: _____
	Chequing: _____ Savings: _____ Loan: _____	Bank Representative: _____

CREDIT CARD INFORMATION

I hereby authorize Somcan Distribution Ltd. to initiate credit card payments for the first order (MUST BE PREPAID). In the event the account should fall 60 days past due the credit card will be charged.		
Type of Credit Card:	Credit Card #:	Expiry Date:

SOMCAN'S PAYMENT TERMS ARE NET 30 DAYS

The information contained herein is for the purpose of obtaining credit and is warranted to be true. Somcan Marketing and Sales is authorized to investigate the listed references pertaining to our/my credit and financial responsibility.

Firm Name: _____ Signed By: _____
 Date: _____ Title: _____

This application must be completed in full and returned to Somcan Credit Department prior to the first order being processed.

Thank you for choosing Somcan.