

CREDIT INFORMATION

CANADIAN ACCOUNTS ONLY

THE JOHN FORSYTH SHIRT COMPANY INC

2645 SKYMARK AVENUE, UNIT 105, MISSISSAUGA, ONTARIO, L4W 4H2 PHONE (905)362-4040 FAX (905)362-4033

REGISTERED COMPANY NAME: _____

TRADE NAME / DOING BUSINESS AS: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

TELEPHONE #: (____) _____ - _____ FAX #: (____) _____ - _____

COMPANY START DATE: _____ COMPANY ESTIMATED ANNUAL SALES: _____

ACCOUNTS PAYABLE CONTACT: _____ EMAIL: _____

OWNERSHIP: (CHECK APPLICABLE BOX)

(1) SOLE PROPRIETORSHIP (2) PARTNERSHIP (3) CORPORATION

NAMES AND ADDRESSES OF OWNERS OR OFFICERS:

PAYMENT BY CREDIT CARD OPTION: CHECK BOX TO INDICATE THAT YOU WANT TO PAY FOR **ALL** ORDERS BY CREDIT CARD AT TIME OF SHIPPING (VISA OR MASTERCARD). AN AUTHORIZATION FORM WILL BE SENT REQUESTING CREDIT CARD INFORMATION.

REFERENCES:

	COMPANY NAME	CITY	PHONE #
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____

BANKING INFORMATION:

NAME OF BANK: _____

ADDRESS: _____

PHONE #: _____ FAX #: _____ CONTACT NAME: _____

ACCOUNT #: _____

I/WE HEREBY REPRESENT THAT I/WE ARE AUTHORIZED TO SUBMIT THE APPLICATION ON BEHALF OF THE CUSTOMER NAMED ABOVE, AND THAT THE INFORMATION PROVIDED FOR THE PURPOSE OF OBTAINING CREDIT IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE THE JOHN FORSYTH SHIRT COMPANY INC TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. IT IS AGREED AND UNDERSTOOD THAT ALL NECESSARY COLLECTION AND LEGAL COSTS AND INTEREST AT 24% PER ANNUM MAY BE CHARGED TO MY ACCOUNT IN THE EVENT OF DEFAULT OR FAILURE TO PAY FOR GOODS RECEIVED AND/OR SERVICES RENDERED. I/WE FURTHER RESPESENT THAT THE CUSTOMER APPLYING FOR THE CREDIT HAS THE FINANCIAL ABILITY AND WILLINGNESS TO PAY FOR ALL INVOICES WITHIN ESTABLISHED TERMS. I/WE, THE UNDERSIGNED, AUTHORIZE THE JOHN FORSYTH SHIRT COMPANY INC TO OBTAIN AND /OR EXCHANGE BUSINESS AND/OR PERSONAL INFORMATION WITH CREDIT GRANTORS, CREDIT REPORTING AGENCIES AND/OR FINANCIAL INSTITUTIONS FOR THE PURPOSES OF ESTABLISHING OR VERIFYING MY/OUR FINANCIAL STANDING AND/OR THAT OF THE COMPANY.

REGISTERED NAME OF COMPANY

FORSYTH SALES REPRESENTATIVE

SIGNATURE OF OWNER OR OFFICER

DATE

NAME AND POSITION OF PERSON SIGNING