



DEFLECTO CANADA CREDIT APPLICATION / TERMS CONDITIONS

COMPANY INFORMATION:				
COMPANY NAME	PHONE	FAX		
ADDRESS	CITY	PROV./STATE	POSTAL/ZIP CODE	COUNTRY
IF IN USA - ENTER FEDERAL TAX ID # (EIN#) ABOVE				
LEGAL NAME OF ENTITY PAYING INVOICES (If different than Company Name above)		PHONE	FAX	
TYPE OF BUSINESS:	WHOLESALER: ____	CONTRACTOR: ____	MANUFACTURER: ____	RETAILER: ____
BUSINESS REGISTRATION:	CORPORATION: ____	PARTNERSHIP: ____	SOLE PROPRIETORSHIP: ____	LTD. PARTNERSHIP: ____
NAME OF A BUYING GROUP (If member): _____				
TOTAL ANNUAL SALES:		ESTIMATED ANNUAL PURCHASE FROM DEFLECTO:		
INVOICE EMAIL :				
ACCT.PAYABLE CONTACT	PHONE	FAX	EMAIL:	
*INVOICES WILL BE EMAILED - ENSURE "adp@deflecto.com" IS ON YOUR SAFE SENDERS LIST				
PURCHASING CONTACT	PHONE	FAX	EMAIL	
CHIEF EXECUTIVE OFFICER	PHONE	FAX	EMAIL	
MAJOR SUPPLIERS				
NAME	ACCT.#	PHONE #	FAX#	
NAME	ACCT.#	PHONE #	FAX#	
BANK INFORMATION				
NAME OF BANK	ACCOUNT #	YEARS WITH BANK		
BRANCH ADDRESS	PHONE #	FAX #		
<ul style="list-style-type: none"> YOUR SIGNATURE ON THIS FORM SERVES AS ACCEPTANCE OF THE DEFLECTO CANADA TERMS & CONDITIONS FAILURE TO MEET PAYMENT TERMS AS STATED ON THE INVOICE IS CONSIDERED SUFFICIENT CAUSE TO CANCEL CREDIT NO PAYMENT DEDUCTIONS ARE ALLOWED WITHOUT REFERENCING A DEFLECTO CANADA CREDIT MEMO NUMBER GOODS REMAIN PROPERTY OF DEFLECTO CANADA UNTIL PAID. OVERDUE ACCOUNTS WILL BE CHARGED 2.25% INTEREST PER MONTH AT THE DISCRETION OF DEFLECTO CANADA 				
DATE: _____ SIGNATURE: _____ TITLE: _____ PRINT NAME: _____				