



TEXTILES LIMITED



SALES REP NAME: _____
SALES REP CODE: _____

DATE: _____

CONFIDENTIAL CREDIT APPLICATION

PARENT COMPANY: _____ (IF BELOW IS A SUBSIDIARY)

LEGAL COMPANY NAME: _____

STREET ADDRESS: _____ PHONE NUMBER: () _____

CITY: _____ FAX NUMBER: () _____

PROVINCE: _____ POSTAL CODE: _____

E-MAIL ADDRESS: _____ CELL PHONE #: () _____

COMPANY IS: () PROPRIETORSHIP () LIMITED OR () SUBSIDIARY

TYPE OF BUSINESS: _____ YEAR STARTED: _____

GST # _____

AMOUNT OF CREDIT REQUESTED: \$ _____ PER MONTH

COMPANY BANK: _____ PHONE NUMBER: () _____

BRANCH ADDRESS: _____ FAX NUMBER: () _____

1. REFERENCE NAME: _____ PHONE NUMBER: () _____

ADDRESS: _____ FAX NUMBER: () _____

2. REFERENCE NAME: _____ PHONE NUMBER: () _____

ADDRESS: _____ FAX NUMBER: () _____

3. REFERENCE NAME: _____ PHONE NUMBER: () _____

ADDRESS: _____ FAX NUMBER: () _____

PRINCIPAL OWNER: _____ HOME NUMBER: () _____

HOME ADDRESS: _____ POSTAL CODE: _____

TERMS ARE NET 30 DAYS FROM THE DATE OF INVOICE. SERVICE CHARGES OF 2% PER MONTH (26.8% PER ANNUM) WILL BE APPLIED ON ALL OUTSTANDING AMOUNTS AFTER THIS PERIOD. IN THE EVENT THAT WE ARE NOT ABLE TO EXTEND THE FULL AMOUNT OF MONTHLY CREDIT REQUESTED ABOVE, WOULD YOU BE PREPARED TO SIGN A PERSONAL GUARANTEE IN FAVOUR OF KENDOR TEXTILES LTD. PLEASE INDICATE YES () OR NO (). IN REQUESTING CREDIT, THE CUSTOMER AUTHORIZES KENDOR TEXTILES LTD. OR ITS AGENTS TO OBTAIN SUCH INFORMATION AS IT DEEMS NECESSARY TO GRANT CREDIT AND FURTHER AUTHORIZES KENDOR TEXTILES LTD. TO DIVULGE ITS CREDIT RATING IF SUCH INFORMATION IS REQUESTED.

IN SIGNING THIS APPLICATION, THE CUSTOMER ACKNOWLEDGES THAT THEY HAVE READ AND UNDERSTOOD THE TERMS AND CONDITIONS HEREIN SET FORTH.

NAME OF APPLICANT: _____

SIGNATURE: _____



TEXTILES LIMITED



Dear Sir/Madam,

Kendor Textiles accepts Visa & Mastercard. If you would prefer to place your purchases from Kendor on your Visa &/or Mastercard, we need your written authorization. To this end, we request that you complete the required information below, and return it to us at your earliest convenience.

Type: Visa Mastercard

Please check: For 1 order only
 For period of 1 year
 Until further written notice

Card Number: _____

Expiry Date: _____ / _____

Name as it appears on card: _____

Signature: _____

Company name: _____

Kendor Customer Acct.#: _____ Dated: _____

As a valued customer we look forward to continuing to serve you to the best of our ability.

Yours very truly,

Kendor Textiles Ltd.

IF THIS IS THE FIRST PURCHASE PLEASE COMPLETE BELOW

NAME: _____
ADDRESS: _____
ADDRESS: _____
CITY: _____
PHONE: _____
EMAIL: _____
FAX #: _____