



TM

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APPLICATION FOR CREDIT

COMPANY NAME: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____
(If Different)

PHONE NUMBER: _____

FAX NUMBER: _____

NATURE OF BUSINESS: _____

PRINCIPLES: _____

GST NUMBER: _____ PST NUMBER: _____

A/P CONTACT: _____

REFERENCES:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

PHONE NUMBER: _____ PHONE NUMBER: _____

FAX NUMBER: _____ FAX NUMBER: _____

BANK & BRANCH: _____

ADDRESS: _____ PHONE NUMBER: _____

CREDIT TERMS ARE NET 30 DAYS. THE UNDERSIGNED CERTIFIES THE ABOVE INFORMATION TO BE TRUE AND AGREES TO PAY ALL ACCOUNTS IN ACCORDANCE WITH OUR TERMS.

THE UNDERSIGNED CONSENTS TO THE OBTAINING OF CREDIT AND/OR PERSONAL INFORMATION AS MAY BE REQUIRED AT ANY TIME IN CONNECTION WITH THE CREDIT HEREBY APPLIED FOR ANY CREDIT INFORMATION CONCERNING THE UNDERSIGNED TO ANY CREDIT REPORTING AGENCY OF TO ANY PERSON WHICH WHOM THE UNDERSIGNED HAS OR PROPOSES TO HAVE FINANCIAL.

DATE: _____ SIGNATURE _____

TITLE: _____