



# Credit Application

Date: \_\_\_\_\_

INDIVIDUAL OR COMPANY NAME \_\_\_\_\_

CORPORATION  PARTNERSHIP  PROPRIETORSHIP

BUSINESS ADDRESS \_\_\_\_\_ City: \_\_\_\_\_ Postal: \_\_\_\_\_

PHONE # (\_\_\_\_\_) \_\_\_\_\_ Email invoice to: \_\_\_\_\_

Purchaser name: \_\_\_\_\_ Email address: \_\_\_\_\_

Estimator name: \_\_\_\_\_ Email address: \_\_\_\_\_

Number of years in business \_\_\_\_\_ Number of full-time installers \_\_\_\_\_

Please check "Primary" type of work that best suits your business:

Single Family Spec Homes	Residential Multi-Family Low Rise	Commercial/Institutional New Construction	Industrial New Construction	Institutional Maintainer	Lamp & Ballast Retrofitting
Single Family Custom Homes	Residential Multi Family High Rise	Commercial/Institutional Service & Repairs	Industrial Service and Repairs	Data Telecomm Security A/V F/A	Other: _____

NAME & ADDRESS OF PRINCIPALS – provide full name and address of the owners/partners/officers of business

	NAME	Position	Home Address	Best Phone
1.				
2.				

BANK \_\_\_\_\_ ACCOUNT NUMBER \_\_\_\_\_

BRANCH \_\_\_\_\_ PHONE # AND CONTACT \_\_\_\_\_

### SUPPLIER REFERENCES

	NAME	Branch Location
1.		
2.		
3.		

Credit Limit Requested \$ \_\_\_\_\_ Terms Requested: \_\_\_\_\_

PURCHASE ORDER REQUIRED? YES  NO  DO YOU REQUIRE MONTHLY STATEMENTS? YES  NO

## TERMS & CONDITIONS OF SALE

**In consideration of being permitted to effect purchases on my(our) account up to a credit limit which will be determined by Lite-scape or Evolt (Hereinafter referred to as "Lite-scape or Evolt") at its sole discretion. I (we) as customer hereby agree to the following industry standard terms:**

I (we) shall pay all invoices in accordance with the terms stated on such invoices. Accounts not paid within terms shall be deemed to be "overdue accounts".

I (we) hereby agree to pay administration charges of 2% per month (24% per annum) on the amount of any overdue balance in my (our) account(s) from the date such balance(s) become(s) overdue, both before and after default by and judgement against the Customer.

I (we) acknowledge that Lite-scape or Evolt may at its own discretion suspend all credit privileges on my (our) account(s) if the account is not paid within set terms.

A return authorization must be obtained before goods may be returned for credit. Restocking charges will apply on all goods returned. Reference must also be made to our original invoice number.

I (we) agree that every statement of account shall be deemed and treated as authorized and correct, unless a written notice to the contrary is received within fifteen (15) days from date of such statement.

I (we) hereby agree to pay all costs of collection and/or legal fees, in the event such actions become necessary to recover the balance(s) owed in my (our) accounts.

The Customer agrees that title to goods supplied by Lite-scape or Evolt shall remain the property of Lite-scape or Evolt until such goods have been paid in full by the Customer and where applicable under laws Lite-scape or Evolt shall have a continuing security interest or purchase money security interest in all such goods and their proceeds to secure the performance by the Customer of all its obligation to Lite-scape or Evolt. The Customer waives its rights to receive a copy of any Financial Statement and Verification Statement and acknowledges receipt of a copy of this agreement.

All changes in my (our) company's structure and/or of its owners and shareholders will be immediately reported to Lite-scape or Evolt in writing.

I (we) hereby authorize Lite-scape or Evolt to conduct or cause to be conducted, as required, credit investigation of myself (ourselves), my (our) company(ies) and any related persons or companies. Also to divulge credit references to other creditors including credit and collection reporting agencies as requested, with regards to credit line established and history of payments on account.

I (we) hereby authorize my (our) bank and/or its employees at any time upon a written request from either Lite-scape, Evolt, or its representative to provide a written credit report or references detailing the nature and extent of my (our) credit dealings with my (our) bank.

**I (we) certify that the information set out in this credit application is true and correct, knowing it is being relied on by Lite-scape or or Evolt for the purpose of granting credit.**

Name of City the agreement was Signed at \_\_\_\_\_ in the State/Province of \_\_\_\_\_

Signing Date: \_\_\_\_\_, 20\_\_\_\_\_

Customer Signature: \_\_\_\_\_

*Signature of Authorized Person*

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*Printed Name*

*Title/Position*



**Email Application To: jaret@e-volt.ca**