



CREDIT APPLICATION

Phone: 519-852-3084 ▪ Email: kymat@sympatico.ca
 277 Ellerslie Road, London, ON N6M 1B7 ▪ www.kymat.ca

BUSINESS CONTACT INFORMATION

Company/Legal name:	Date business commenced:	
Business reg. #:	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership
Phone:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
Fax:	Email:	
Registered company address:		
City, Province, Postal Code:	<input type="checkbox"/> Head Office	<input type="checkbox"/> Single Location

BUSINESS AND CREDIT INFORMATION

Primary business address:	Bank name:
	Branch:
How long at current address? ____ Years ____ Months	Bank phone #:
How long in business?	Account number:
Primary business phone:	Type of account: <input type="checkbox"/> Savings <input type="checkbox"/> Chequing <input type="checkbox"/> Other
Accounts payable contact:	Accounts payable email:
Accounts payable contact number/Ext.:	D.U.N.N.#:

LOGISTICS TRADE REFERENCES

Company name 1:	Contact Name:	Phone:
Receivables Email:	<input type="checkbox"/> Cash Account	<input type="checkbox"/> Credit Account
Company name 2:	Contact Name:	Phone:
Receivables Email:	<input type="checkbox"/> Cash Account	<input type="checkbox"/> Credit Account
Company name 3:	Contact Name:	Phone:
Receivables Email:	<input type="checkbox"/> Cash Account	<input type="checkbox"/> Credit Account

AGREEMENT

All invoices are to be paid in 15 days from the date of the invoice. For all overdue payments, 24% compounded annual interest late fee will be charged. All NSF Cheques \$75.00 charge will apply. Account privileges may be withdrawn if the account falls into arrears. By submitting this application, you authorize Kymat Inc. to make inquiries to all credit reporting agencies, banks and business/trade references that you do business with. Further, you certify that all information provided in this credit application is correct. Your business information will be treated confidentially and may be shared with Legal Authorities when in the pursuance of debt.

Applicant's Name:	Title:
Original Signature:	Date:

PLEASE EMAIL COMPLETE CREDIT APPLICATION TO: [KYMAT@SYMPATICO.CA](mailto:kymat@sympatico.ca)