Muskoka Auto Parts Limited
11 King William Street
Huntsville, Ontario, P1H 2K8
(705) 789-4453 or fax (705) 789-8077
ar@muskokaauto.com

APPLICATION FOR CREDIT

Name:_____ Business Name:_____

Street Address:_____City:_____Province:_____Postal Code: _____

Telephone: _____ Email: _____Fax: _____

How long at this address:_____ Do you rent or own building: _____

Previous address: _____

Please advise if you require a PO # for invoices: **Yes** ☐ **No** ☐

Please advise if you require a Signature Copy of invoices: **Yes** ☐ **No** ☐

Date business commenced:_____Type of business _____

Individual ☐ Partnership ☐ Corporation ☐ S.I.N.#_____ HST # _____

Owners/Partners		Address		
Bank(s)	Address	Fax	Transit #	Account #
Trade References (3 required)	Address	Phone	Email	Account #

Amount of credit required:_____

Terms of payment: Choose one (1) option below

☐ Payment due on receipt of statement

☐ 2% per month (24% per annum) **service charge on past due balance**.

I, the undersigned, declare that all the information supplied in this application for credit is true and accurate and that I am authorized to request a charge account at Muskoka Auto Parts Limited. Furthermore, by signing below this credit application, I agree and consent to authorize the company to obtain from any credit reporting agency or any other source, such information as the company may deem appropriate, at any time, in the connection with the credit hereby applied for. I acknowledge that I am jointly and severally liable for all purchases and/or services requested from Muskoka Auto Parts Limited under my own name, trade or corporate name.

Signed at _____this _____ day of _____ 20 _____.

_____ _____

Name/Title (Please Print) Signature

MUSKOKA AUTO PARTS

Communications Options

I would prefer to receive statements:

☐ By Email

Name :_____

Email Address:_____

☐ By Fax:

Fax Number:_____

☐ By Postal Mail to Business Address:

Which store would you prefer to have your account set up? **(Please select 1 only)**

Huntsville	☐	Bobcaygeon	☐
Minden	☐	Fenelon Falls	☐
Sundridge	☐	Bracebridge	☐
Parry Sound	☐	Vaughan	☐
Gravenhurst	☐	North Bay	☐

I would like to receive invoice copies by email: ☐ Yes

Name :_____

Email Address:_____

I would like an account at statements.muskokaauto.com to view to my invoices and statements any time: ☐ Yes

Name :_____

Email Address:_____

I would like an account for on line pricing, availability and ordering: ☐ Yes

Name :_____

Email Address:_____

Name :_____

Email Address:_____

Name :_____

Email Address:_____

I am interested in making my account payments

By E-Transfer ☐ OR

Direct Deposit ☐ OR

EFT. ☐

Name :_____

Email Address:_____

I would like to receive marketing material ☐ Yes

Name :_____

Email Address:_____

Name :_____

This form must be filled in electronically, saved to your device and then emailed to ar@muskokaauto.com