

Muskoka Auto Parts Limited

11 King William Street Huntsville, Ontario, P1H 2K8 (705) 789-4453 or fax (705) 789-8077

admin@muskokaauto.com APPLICATION FOR CREDIT

Name:		_Business Name:			
Street Address:	City:_	Province:_	Postal Code:		
Telephone:	Email:		Fax:		
How long at this add	ress:	Do you rent or own building:			
Previous address:					
- "	eference for receiving stat	ements: Fax:		☐ Mail:	
Please advise if you require a PO # for inv		ces: Yes	() No ()	
Please advise if you	require a Signature Cop	y of invoices: Yes	() No ()	
Date business comme	enced:	Type of bu	siness		
Individual [] P	artnership [] Corpora	ation [] S.I.N.#	HST #		
Owners/Partners		Address	Address		
- 1/2		21	-		
Bank(s)	Address	Phone	Fax	Account #	
Trade Reference	Address	Phone	Fax	Account #	
Amount of credit rea	nired:	Terms of payment			
		6 per month (24% per annu			
I, the undersigned, declar request a charge account authorize the company to appropriate, at any time, i	e that all the information supplied Muskoka Auto Parts Limited obtain from any credit reporting the connection with the credit	ed in this application for credit is Furthermore, by signing below g agency or any other source, such thereby applied for. I acknowled Parts Limited under my own nar	true and accurate a this credit application the information as the ge that I am jointly	and that I am authorized to on, I agree and consent to e company may deem and severally liable for all	
Signed at	thi	s day of		20	
Name/Title (Please		Signature			