

# LAIRD PLASTICS ACCOUNT APPLICATION

B5-9275-194<sup>th</sup> Street  
Surrey, British Columbia, V4N 4G1  
Telephone: 604.888.8331  
Toll Free: 1.800.663.4484  
Fax: 604.888.8332

Company Name \_\_\_\_\_

Registered Name if applicable \_\_\_\_\_

Street/Unit/Box/Address \_\_\_\_\_

City/Town \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Shipping Address \_\_\_\_\_ Ship By \_\_\_\_\_

Purchasing Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

PST #(If Applicable) *(Please fax copy of certificate)* \_\_\_\_\_

## Trade References:

List 4 Suppliers: Please Include Names/Address/Postal Codes/Phone & Fax Numbers

**PLEASE DO NOT USE 800 NUMBERS AS THEY ARE NOT ACCESSABLE FROM ALL AREAS.**

1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Bank: Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Account# \_\_\_\_\_ Contact \_\_\_\_\_

Credit Requested \$ \_\_\_\_\_ Date Co. Started \_\_\_\_\_ No. of Employees \_\_\_\_\_

A/P Person \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Nature of Business \_\_\_\_\_

Name of Owner/Principal \_\_\_\_\_

Address \_\_\_\_\_ Title \_\_\_\_\_

If Principal with Co. less than 5 years, indicate prior position \_\_\_\_\_

Are there other Associated Companies or Branches? \_\_\_\_\_

If Financial Statements available, please attach.

The applicant understands that the terms on which the company grants credit are:

1. Our terms of sale are "Net 30 Days", payable by invoice. No statements are issued.
2. Permission must be obtained before returning goods for credit. Goods returned in original condition will be subject to a restocking charge.
3. In consideration that you agree to sell merchandise and/or extend to me/us, I/we agree to pay a monthly service charge (which rate will appear on the company's invoices) on the outstanding balance of my/our account that becomes overdue.
4. Release of all orders will be withheld on overdue balance.
5. The applicant's representation set out herein are correct and true and the customer certifies the contents of this credit application knowing same is being relied upon by LAIRD PLASTICS (CANADA) INC. for the purpose of granting credit.
6. The applicant authorizes LAIRD PLASTICS (CANADA) INC. to obtain credit information as required.

Signature and Title \_\_\_\_\_

Dated at \_\_\_\_\_ This \_\_\_\_\_ Day of \_\_\_\_\_ 19 \_\_\_\_\_

\*\*\*\*\*Return Fax Attention to Michael McNaughton @ 604-888-8332\*\*\*\*\*