

Credit Application

Head Office
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sales@watsongloves.com watsongloves.com



To ensure prompt processing of credit application, please complete this form in full.

REQUIRED COMPANY INFORMATION

BUSINESS NAME	OTHER TRADE NAME (DBA)
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MAILING ADDRESS	SHIPPING ADDRESS
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CITY	PROVINCE	POSTAL CODE	CITY	PROVINCE	POSTAL CODE
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PHONE	FAX	PHONE	FAX
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IN BUSINESS SINCE	# OF EMPLOYEES	GROUP AFFILIATION/MEMBERSHIP (IF APPLICABLE)
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NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER	REQUESTED CREDIT LIMIT
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ACCOUNTS PAYABLE	PHONE	FAX	EMAIL
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PURCHASING	PHONE	FAX	EMAIL
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DO YOU REQUIRE A PURCHASE ORDER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	PST#: (BC Only)
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TRADE REFERENCES

NAME	PHONE	FAX
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NAME	PHONE	FAX
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NAME	PHONE	FAX
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PRINCIPAL(S)

NAME	PHONE
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NAME	PHONE
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PLEASE SIGN HERE

AUTHORIZED SIGNATURE _____

DATE _____

All information provided is for the authorized use of John Watson Ltd. DBA Watson Gloves (or authorized agents) in consideration of granting a credit account to your company. Your signature acknowledges acceptance of our terms of Net 30 days from the invoice date. All delinquent accounts may be subject to a 24% per annum (2% a month) interest charge and to any collection charges, court expenses or legal fees incurred to John Watson Ltd. Failure to comply with these terms and conditions may result in elimination of your credit privileges.



PLEASE FAX TO

FOR OFFICE USE ONLY

CREDIT LIMIT	REP #	APPROVED BY	DATE	CUSTOMER CODE	INDUSTRY
TERMS					DEALER