Credit Application

TERMS

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To ensure prompt prod	cessing of c	redit applic	cation, please	complete	e this form in	full.					
REQUIRED COMPANY INF	FORMATION										
BUSINESS NAME					OTHER TRADE NAME (DBA)						
MAILING ADDRESS					SHIPPING ADDRESS						
CITY		PROVINCE	POSTAL CO	DDE (CITY		PROVINCE			POSTAL CODE	
PHONE		FAX		1	PHONE			FAX			
IN BUSINESS SINCE # OF EMPLOYEES GROUP AFFILIATION/MEMBERSHIP (IF AF						BLE)					
NAME OF FINANCIAL INSTITUTION					ACCOUNT NUMBER			REQUESTED CREDIT LIMIT			
ACCOUNTS PAYABLE		PHONE	1	FAX		EMAIL					
PURCHASING				PHONE		FAX		EMAIL			
DO YOU REQUIRE A PURCHASE ORDER? YES NO						PST#: (BC Only)					
TRADE REFERENCES											
NAME						PHONE		FAX			
NAME						PHONE		FAX			
NAME						PHONE			FAX		
PRINCIPAL(S)											
NAME					PHONE						
NAME						PHONE					
PLEASE SIGN HERE PRINT											
AUTHORIZED SIGNATURE											
DATEPROV								NCE PLEASE FAX TO			
All information provided is for the authorized use of John Watson Ltd. DBA Watson Gloves (or consideration of granting a credit account to your company. Your signature acknowledges account to your company.						es (or authorized agents) in			604.875.9009		
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							AB, MB, NT, SK, NU		J	403.236.7919	
comply with these terms and conditions may result in elimination of your credit privileges.						NB, NL, NS, ON, PE,			, QC	905.363.0730	
FOR OFFICE USE ONLY											
CREDIT LIMIT	REP#	Al	PPROVED BY	DATE		CUSTOME	TOMER CODE		INDUSTRY		

DEALER