



Business name: \_\_\_\_\_ Parent organization \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State/Prov.: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_  
 Bill to address: \_\_\_\_\_  
 Ship to address: \_\_\_\_\_  
 Accounts payable contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Accounts payable email: \_\_\_\_\_  
 Price change contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Price change email: \_\_\_\_\_  
 Date business started: \_\_\_\_\_ Ownership: \_\_\_\_\_  
 Name & address of owners: \_\_\_\_\_  
 \_\_\_\_\_  
 Owners email address: \_\_\_\_\_ No. of employees \_\_\_\_\_  
 Annual sales: \$ \_\_\_\_\_ Net worth of business: \$ \_\_\_\_\_  
 Amount of credit required: \$ \_\_\_\_\_ Purchase order required (Yes/No) \_\_\_\_\_  
 Persons authorized to purchase: \_\_\_\_\_

**Credit references:**

Name	City/Prov.	Phone	Fax
Reference 1. _____	_____	_____	_____
Reference 2. _____	_____	_____	_____
Reference 3. _____	_____	_____	_____

**Bank references:**

Name of bank: \_\_\_\_\_ Account number: \_\_\_\_\_  
 Bank address: \_\_\_\_\_  
 \_\_\_\_\_ Bank manager: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax/Email: \_\_\_\_\_

**Terms:**

I/We understand that Veer Plastics Canada Inc. standard terms are net 30 days after date of invoice being issued. A service charge of 2% per month (24% per annum) or such other rate of interest as the applicant may be advised of in writing will be charged on overdue accounts. Returns will not be accepted without prior authorizations and are subjected to a 15% restocking charge and freight paid to our warehouse. Claims regarding incorrect counts or breakage will receive consideration only when made within 10 days of receipt of goods. I/We hereby authorize the person or firm to whom this application is submitted to obtain such credit reports or information as may be deemed necessary in connection with the establishment and maintenance of credit account or for any other direct business requirements. I/We agree to pay any costs of collection including, but not limited to, reasonable attorney fees at trial or upon appeal should I/We not pay amounts due in accordance with these terms. Unless a Sales Tax Exemption Certificate is provided, your account will be set up as taxable.

Date: \_\_\_\_\_ Signed by Officer of the Company/Business: \_\_\_\_\_  
 Title: \_\_\_\_\_ Name of person signing (Please print): \_\_\_\_\_

**Please fax completed Credit Application Form to: 866.746.8337 (VEER)**

**Office Use Only**

Rep. Company/Organization: \_\_\_\_\_  
 Rep. Name: \_\_\_\_\_ Date approved: \_\_\_\_\_  
 Prepared by: \_\_\_\_\_ Credit limit: \_\_\_\_\_