



CREDIT APPLICATION

Rova Products Canada Inc.
30 Automatic Road
Brampton, Ontario L6S 5N8

Telephone: 905-793-1955
Fax: 905-793-3835

Business Information

Legal Business Name:				
Address:		City:	Prov./State:	P.C./Zip:
Tel:		Fax:		
Business Structure: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		GST No.:	PST No.:	No. of Years in Business:
Bill To Address:		City:	Prov./State:	P.C./Zip:
Ship To Address:		City:	Prov./State:	P.C./Zip:
Preferred Courier:		Preferred Courier Account No.:		
Accounts Payable Contact:	Tel:	Fax:	Email:	
Purchaser Contact:	Tel:	Fax:	Email:	
Requested Credit Limit:		Expected Value of Average Monthly Orders:		

Owners/Share Holders Information

Name/Title:	Ownership Percentage:	SIN No.:
Address:		
Name/Title:	Ownership Percentage:	SIN No.:
Address:		

Bank References

Please list bank or banks, previous bank required if you have been at your present bank less than two years

Present Bank:		Previous or Second Bank:	
Branch:	Tel:	Branch:	Tel:
Name of Bank Officer:	Account No.:	Name of Bank Officer:	Account No.:
Loan Acct. No.:	Deposit Acct. No.:	Loan Acct No.:	Deposit Acct. No.:

Trade References

Name:	Address:		
Contact Name:	Tel:	Fax:	Email:
Name:	Address:		
Contact Name:	Tel:	Fax:	Email:
Name:	Address:		
Contact Name:	Tel:	Fax:	Email:
Name:	Address:		
Contact Name:	Tel:	Fax:	Email:

I/we hereby authorize you to whom this application, or your agents or assigns, to investigate my/our credit worthiness and will provide financial statements, tax returns, etc., as you deem necessary. I/we warrant that the information submitted herein is true and correct and hereby authorize all references contained herein to release any necessary information. Further, I/we warrant it is understood that Lessor reserves the right to reverse any credit decision if the information contained herein is found to be incorrect.

Title:

Signature:

Date:

See Next Page both pages must be filled out, signed and returned in order to process application.

The applicant understands that the terms in which the company grants credit are as follows and must be adhered to:

1. Any order shall be for a minimum of **\$50.00** excluding taxes.
2. Accounts are due and payable **30 days** after the date of invoice.
3. Change of the applicants preferred courier must be notified to Rova Products Canada Inc. within **7 days**, otherwise the applicants agree to cover any shipping charges incurred under the old preferred account.
4. Returned goods policy:
 - In all cases, authorization in writing must be obtained from our office prior before any returned goods will be accepted.
 - Returns of non-standard items will be accepted only for reasons of quality deficiency or error.
 - All claims for shortages or errors in shipment must be made within **2 days** of shipment receipt.
 - Authorized returns for reasons other than quality will be subject to a 15 percent restocking charge.
5. Release of orders will be withheld on overdue balances.
6. The applicants representation set out herein is correct and true and the customer certifies the contents of this credit application knowing same is being relied upon by Rova Products Canada Inc. for the purpose of granting credit.
7. The applicant authorizes Rova Products Canada Inc. to obtain credit information as required.

Signature and Title: _____

Dated at _____ **This** _____ **Day of** _____ **20** _____

Your Sales contact at Rova: _____

Please either fax or mail this application back to:

Rova Products Canada Inc.
30 Automatic Road
Brampton, Ontario
Canada L6S 5N8
Tel: (905) 793-1955
Fax: (905) 793-3835

To the attention of Nicole Hermelyn.

For Office Use Only

Account Manager:		Requested Credit Limit:	
Price Code:		Currency:	
Approved Credit Limit:	Approved By:	Date:	