



Auto Body Supply Ltd.

Your Bodyshop Connection

FULL NAME OF BUSINESS: _____

BILLING ADDRESS: _____

POSTAL CODE: _____ BUSINESS TEL. NO.: (_____) _____ FAX: (_____) _____

BRANCHES (IF ANY): _____

AFFILIATED BUSINESSES (IF ANY): _____

DESCRIPTION OF BUSINESS: _____

WHEN COMMENCED: _____, _____

LIMITED COMPANY: YES _____ NO _____

PRINCIPALS

FULL NAME(S)	HOME ADDRESS(ES)	HOME PHONE(S)	SOCIAL INS. #	DATE OF BIRTH
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BANK REFERENCE: _____

ADDRESS: _____ TELEPHONE: (_____) _____

TRADE REFERENCES

NAME	ADDRESS	CITY	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GST NO.: _____ P.S.T. LICENCE NO.: _____

PURCHASE ORDER REQUIRED YES _____ NO _____

ESTIMATED MONTHLY PURCHASES \$ _____

NAME OF PERSON RESPONSIBLE FOR ACCOUNTS _____

(SEE REVERSE)

TERMS OF SALE: Accounts rendered are due for payment by not later than the 10th day of the month following the date of the invoice for goods shipped. interest will be calculated and charged monthly on all overdue amounts at the rate of 2% per month (24% per annum).

It should be noted that payments of interest do not extend the due date.

The applicant is responsible for the examination of any statements of account rendered by the creditor, and shall notify the creditor immediately of any errors, within fifteen days from the date of the mailing of said statement. If the applicant fails to notify the creditor within the fifteen days, then the applicant is deemed to have accepted the truth of the statement and the items contained in the statement as of the Statement's date.

The creditor extends any warranties it receives from its suppliers to the applicant but otherwise does not make any other warranties in regards to the supplies provided.

As an inducement to Paint Circuit Auto Body Supply Ltd. to extend credit terms to the applicant, the undersigned does hereby guarantee payment of the balance of the applicant's account and agrees to pay the creditor any amounts due under the name of the said account, including any and all costs of collection and past due service charges.

The undersigned hereby certify and agree that the facts provided are true and that the applicant has read and understands the terms of sale as stated above.

DATED AT _____, THIS _____ DAY OF _____, 20_____.

AUTHORIZED SIGNER(S) _____

FOR INTERNAL USE ONLY

COMMENTS: _____

CREDIT APPROVED: YES _____ NO _____ CREDIT LIMIT: \$ _____

APROVED BY: _____ DATE: _____, 20_____ (OVER)

East

485 McNicoll Avenue
North York, ON M2H 2C9
Tel: 416-490-8883 Fax: 416-490-8875

West

253 Norseman Street
Etobicoke, ON M8Z 2R8
Tel: 416-237-1744 Fax: 416 237-1044

North

220 Bayview Drive, #2
Barrie, ON L4N 4Y8
Tel: 705-726-3335 Fax: 705-726-9844