



Credit Application

Company Information

Business type (Please circle accordingly) Individual _____ Partnership _____ Corporation _____ LTD. _____
 G.S.T.# _____ Credit Card# (Visa/MC) _____ Business Type _____
 Contractor ID#(if applicable) _____ Years in business _____ Company Net Worth(approximate) _____
 Have you ever filed for bankruptcy Yes No If Yes please specify if it was business or personal _____
 Accounts Payable Officer _____ Phone# () _____ Fax# () _____

Billing Information

Applicant Name/Business/Corporation/: _____
 Billing/Street Address: _____ City: _____
 Phone # () _____ Province: _____ Postal Code: _____
 Fax# () _____ Website: _____
 Is your billing Address different than your street? (Y) (N) Years at Address: _____

Principals/Guarantor

Owner/Principal's Name: _____ Home Address: _____
 Phone # () _____ Cell# () _____ Birth Date: _____
 Secondary/Principal's Name: _____ Home Address: _____
 Phone # () _____ Cell# () _____ Birth Date: _____
 Alternate Principal (signing auth) _____ Home address _____
 Phone # () _____ Cell# () _____ Birth Date _____

Guarantor Agreement

The undersigned _____ ("the Guarantor") in application for and consideration for credit with The Employment Specialists (Herein referred to as "The Specialists") to the Company hereby agrees with The Specialists, to be personally liable to The Specialists for all due and past due payments as if the Guarantor had been the principal debtor.
 Dated on: Month _____ Day: _____ Year: _____
 Signed By: _____
 Name: _____ Signature: **X**
 Occupation: _____
 Address :(If other than listed above) _____

Trade References (PLEASE PROVIDE 2)

Name: _____ Phone# () _____
 Address: _____
 Name: _____ Phone# () _____
 Address: _____

Banking Information

Branch/Institution name: _____
 Address: _____
 Phone# () _____
 Account # _____
 Contact: _____
 Fax # () _____

Terms of sale are net 30 days from date of invoice and shall include Goods and Services Tax or Harmonized Sales Tax where applicable. All invoices not paid by the 30th day from the date of the invoice being issued are considered **OVER DUE** and may cause a suspension of your credit account with The Specialists, unless an arrangement has been made with our Office Administration. The Applicant authorizes The Specialists acting as a creditor to make financially related inquiries to determine Applicants eligibility for the issuance of a credit account with The Specialists. The Applicant also acknowledges that this application does not guarantee The Specialists will issue credit to the Applicant. In the case of legal suit or action is commenced to collect any past due invoices the Applicant agrees that The Specialists have the right to bring suit or action against the Applicant. If this occurs the Applicant agrees to be liable for the cost of collection and any reasonable fees following suit or action. The Applicant acknowledges that suit or action may be held in the Province that business was conducted in. The Applicant as well agrees that any Past Due invoices will be subject to a finance charge of 2.2% per month or 26.4% per annum and may be regulated by the Provincial or Federal Legislation and agrees all charges incurred are the responsibility of the applicant.

By submission and execution of this application and with acceptance by The Specialists the undersigned agrees to be bound by all terms and conditions of this agreement (both sides printed front and back) and here by updated and amended when required. The Undersigned also authorizes the above named financial institution/bank to release credit information to The Specialists regarding this account.

Name (Print) _____ Date: _____ Signature: **X**