

Confidential Credit Application

Please complete and mail or fax to:

R.W. Hamilton Ltd.
PO Box 435, 14 Wright St
St. Catharines, ON
L2R 6V9
Phone: (905) 688-3810
Fax: (905) 684-9505

Please type or print

Legal business name: _____

Company is a: () Proprietorship () Partnership
 () Limited () Subsidiary

Invoice address: _____

Postal code: _____

A/P email address: _____ Phone #: () Ext: _____

A/P Contact Name: _____ Fax number: () _____

Shipping address (if different): _____

Postal code: _____

Phone number: _____ Fax number: _____

Type of business: _____ Date started: _____

Principals: _____ Title: _____

_____ Title: _____

Bank name and address: _____

Credit limit required: _____ PO # required (circle one): Yes or No

I/we agree that the terms of payment are Net 30 days from the date of shipment and interest is to be paid at 2% per month on amounts overdue. Should an account remain unpaid and be placed for collection, I/we further agree to pay R.W. Hamilton Ltd. cost for same.

Trade References:

1.0 Name: _____

 Address: _____

 Phone number: () Fax number: () _____

2.0 Name: _____

 Address: _____

 Phone number: () Fax number: () _____

3.0 Name: _____

 Address: _____

 Phone number: () Fax number: () _____

GST/HST #: _____

Date form is complete: _____ Signed by: _____

Print Name and Title: _____