



Air, Electric & Cordless
613-599-9997
Fax:613-599-3046

CREDIT APPLICATION

Name: _____ Date of birth: _____
Current address: _____
City: _____ Province: _____ Postal code: _____
Phone: _____ Fax: _____ Email: _____
Employed by: _____ Position: _____
How long: _____ PST Exempt#: _____

Credit references

Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

Bank references

Name: _____ Address: _____
Phone: _____ Fax: _____
Agent: _____ Phone: _____
Account: _____ Branch: _____

NOTICE

When making application for credit, it is understood that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living.

Accounts to be paid in full within 30 days otherwise a charge of 3% per month will be applied to any outstanding balance. I authorize Gary's Tool Repair Inc., to verify the information provided on this form as to my credit.

Applicant

Date

Gary's Tool Repair
107 Kinross Pvt.
Kanata, On K2K 3P9
Toll Free : 1-888-599-9997
www.garystoolrepair.com

