



**ACCOUNT AND CREDIT APPLICATION**

117 SINNOTT ROAD, SCARBOROUGH, ON M1L4S6

Ph: 416-750-8578 Fax: 416-750-9947

email: support@tigerautoparts.com

Website: www.tigerautoparts.com

**Company Information:**

Company Name As Registered: \_\_\_\_\_ Business Number: \_\_\_\_\_

Type Of Organization Corporation: Partnership Individual Business Type: \_\_\_\_\_ Since: \_\_\_\_\_

Company Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_ Website: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Number: (\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_

**Bank References:**

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_ Contact: \_\_\_\_\_

Bank Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Trade References:**

1: Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

2: Company Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

The undersigned understands that the information above is submitted from the purpose of obtaining credit from Tiger Auto Parts LTD. knowing that Tiger Auto Parts LTD. relies upon the information herein. The undersigned further authorizes the investigation and verification of information supplied herewith and authorizes us to apply for and receive a credit report from any credit agency of our choice. The undersigned agrees to pay all costs of collection or cost of attempting to collect delinquent payment, including attorney fees. This is to certify that I am a principle in the above business, and am authorized to execute this document, and further that I understand that my signature herein, I do personally guarantee payment of this account.

All statements are due on the 15th day of each month. Any statements not paid at that time is subject to a 2% service charge per month or 24% annually. Any cheques returned by the bank for any reason carry a charge of \$50 and the account becomes payable in full immediately. Tiger Auto Parts LTD. will only extend credit privileges to those account purchasing in excess of \$500 per month.

Owner's Name: (Please Print) \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date DD/MM/YYYY \_\_\_\_\_

**For Office Use Only**

Date Account Opened: \_\_\_\_\_ Terms If Different Than Above: \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_ .00 Account Number: \_\_\_\_\_ Account Manager: \_\_\_\_\_