



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: _____