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# EDDY GROUP LIMITED PERSONAL CREDIT APPLICATION

Applicant: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 \_\_\_\_\_ I wish to receive Invoices and Statements by email YES  NO   
 \_\_\_\_\_ Social Insurance #: \_\_\_\_\_  
 Postal Code: \_\_\_\_\_ Birth Date: (yyyy/mm/dd) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Present Employer: \_\_\_\_\_ Years: \_\_\_\_\_ Present  
 Previous Employer: \_\_\_\_\_ Years: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_  
 Position: \_\_\_\_\_ Income: \_\_\_\_\_ Per: \_\_\_\_\_

### CREDIT INFORMATION

Credit Reference 1: \_\_\_\_\_  
 Credit Reference 2: \_\_\_\_\_  
 Additional Credit Information: \_\_\_\_\_  
 Name of Bank: \_\_\_\_\_ Contact Person & Phone #: \_\_\_\_\_ #: \_\_\_\_\_  
 Bank Address: \_\_\_\_\_

### HOME INFORMATION

Home Owner: YES  NO  Mortgage: \$ \_\_\_\_\_ Mortgage With: \_\_\_\_\_  
 Renting: YES  NO  Rent Per Month: \$ \_\_\_\_\_ Landlords Name: \_\_\_\_\_  
 Spouse's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Spouse's Phone #: \_\_\_\_\_  
 Spouse's SIN#: \_\_\_\_\_ Spouse's Birth Date: (yyyy/mm/dd) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### JOB SPECIFIC INFORMATION

Purpose and Cost: \_\_\_\_\_  
 Building Location: \_\_\_\_\_  
 Additional Information: \_\_\_\_\_

### CUSTOMER DISCOUNTS

You have 10 total points to reward to each division. Give the most points to the division(s) that most of your sales will be in. Any number from 0 – 10 can be put into a space as long as the total of the points is 10 or less.

Building Supplies \_\_\_\_\_ Hardware \_\_\_\_\_ Plumbing, Municipal, HVAC \_\_\_\_\_ Electrical, IAC \_\_\_\_\_  
 How often do you plan on placing an order? once a month? once a week? every day? etc... \_\_\_\_\_  
 How much sales volume do you plan on spending with us every month? \_\_\_\_\_

### AGREEMENT

I, the undersigned, hereby acknowledge that I have been advised that the terms of this account are 30 days, and any amount not paid by the end of the month following date of purchase will be subject to a service charge of 2.5% per month, 30% per annum, minimum \$0.25 per month. No further credit will be granted on overdue accounts. I acknowledge that I have read and fully understand this application and agree to be bound thereby. I further authorize you to obtain the necessary information to assess my application for credit.

Dated at: (location) \_\_\_\_\_ This (month) \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_  
 Witness Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
 Witness Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

### OFFICE USE ONLY

Market Classification \_\_\_\_\_ Customer Market Type \_\_\_\_\_ Territory \_\_\_\_\_ Programs: YES NO  
 Salesperson: \_\_\_\_\_ Pricing Column: \_\_\_\_\_ Manager's Approval \_\_\_\_\_

RETURN BY EMAIL TO [ACCOUNTSRECEIVABLES@EDDYGROUP.COM](mailto:ACCOUNTSRECEIVABLES@EDDYGROUP.COM) OR BY FAX TO (506) 546-7205

IF YOU HAVE ANY QUESTIONS, PLEASE CALL (902) 897-5723

FORM # AR19003E