



www.eddygroup.com

EDDY GROUP LIMITED COMMERCIAL CREDIT APPLICATION

Trade Name: _____ Credit Limit Required: \$ _____

Address: _____ Telephone Number: _____

_____ Fax Number: _____

_____ E-Mail Address: _____

Postal Code: _____ I wish to receive Invoices and Statements by email YES NO

Shipping Address: _____ No. of Years in Business: _____

_____ Sole Proprietorship General Partnership Corporation

Accounts Payable Contact: _____ P.O. Required? _____ Accept back order? _____

Authorized Purchasers: _____

OWNER OR PRINCIPAL OF THE COMPANY

Name: _____ Title: _____ Address: _____

Name: _____ Title: _____ Address: _____

Name: _____ Title: _____ Address: _____

BANK REFERENCE

Bank Name: _____ Contact: _____ Address: _____

Phone Number: _____ Fax Number: _____ Account Number: _____

PRESENT SUPPLIERS OR CREDIT REFERENCES

Suppliers Name: _____ Contact: _____ Phone Number: _____

Suppliers Name: _____ Contact: _____ Phone Number: _____

Suppliers Name: _____ Contact: _____ Phone Number: _____

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? _____

TERMS: Net 30th month following.

I/We hereby agree to pay service charges at the rate of 2.5% per month (30% per annum) on any amount still outstanding beyond the 30th of the month following month of purchase. The signature below is a further authorization to obtain the information necessary to assess the application for credit.

Dated at: _____ this _____ day of _____, 20 ____

Witness Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

Witness Signature: _____ Signature: _____

Print Name: _____ Print Name: _____

I/We hereby agree to be personally responsible for the credit applied for by the above company both jointly and severally.

Witness Signature: _____ Signature: _____

Witness Signature: _____ Signature: _____

OFFICE USE ONLY

Market Classification: _____	Customer Market Type: _____	Territory: _____	Programs: YES NO
Salesperson: _____	Pricing Column: _____	Managers Approval: YES NO	

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

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

FORM # AR19004E