



201 IBER ROAD
OTTAWA, ONTARIO
K2S 1E7

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www.kingdomautoparts.com

CREDIT APPLICATION

IMPORTANT NOTES

- ALL FIELDS MUST BE COMPLETED AND SIGNED IN ORDER TO PROCESS YOUR APPLICATION
- PLEASE FILL FORM IN A LEGIBLE MANNER

COMPANY INFORMATION

① LEGAL COMPANY NAME: _____
 OPERATING AS: _____
 STREET ADDRESS: _____
 CITY: _____ PROVINCE: _____ POSTAL CODE: _____
 TEL: () _____ FAX: () _____
 GST #: _____ PST #: _____
 PRINCIPAL 1) NAME: _____ EMAIL: _____
 PRINCIPAL 2) NAME: _____ EMAIL: _____
 ACCOUNTS PAYABLE CONTACT: _____ EMAIL: _____
 NUMBER OF YEARS IN BUSINESS: _____ AMOUNT OF CREDIT REQUESTED: \$ _____

BANKING INFORMATION

② BANK NAME: _____ BRANCH: _____
 TEL: () _____ FAX: () _____
 ACCOUNT NUMBER: _____

X _____ MM / DD / YYYY
AUTHORIZATION TO RELEASE BANKING INFORMATION **DATE**

VENDOR REFERENCES

③ NAME: _____ TEL: () _____ FAX: () _____
 NAME: _____ TEL: () _____ FAX: () _____
 NAME: _____ TEL: () _____ FAX: () _____

FINAL SIGNATURE

④ *I, the undersigned, authorize Kingdom Auto Parts to check the credit of the above. I have also read and clearly understand the TERMS AND CONDITIONS OF SALE for Kingdom Auto Parts. I agree to pay my account by the tenth day of the following month from statement date.*

X _____ MM / DD / YYYY
AUTHORIZED SIGNATURE **DATE**