

CREDIT APPLICATION FORM

L & M Fasteners Inc.

Terms: Net 30 Days from Shipping Date

ORGANIZATION

Name of Company:	Phone:	
Address:	Fax:	
City:	Province:	Postal Code:
E-mail address if available:		
<input type="checkbox"/> Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Other		
Description of business:		
President:	Address:	
Vice President:	Address:	
Treasurer:	Address:	
Accounts Payable Contact:		
Length of time in business:		

TRADE REFERENCES

Name:	Phone:	Fax:
Contact:	Credit Limit:	Payment Terms:

Name:	Phone:	Fax:
Contact:	Credit Limit:	Payment Terms:

Name:	Phone:	Fax:
Contact:	Credit Limit:	Payment Terms:

BANK REFERENCE

Bank Name:	Branch:
Contact Name:	Phone:
Account Number:	Fax:

We understand and agree that past due accounts may be subject to interest charges not to exceed 1.5% per month or the maximum allowed by law (whichever is less). We certify that all information provided above is correct and will notify L & M Fasteners Inc. of any changes in the above.

Company:	Date:
Authorized Signature:	Title:

Please complete application and return by fax 416-746-9055 or e-mail dale@lmfasteners.com.

Thank you.