



SECTION A (TO BE COMPLETED BY ALL APPLCANTS)	
BILLING INFORMATION	
Company Name (DBA):	Company Name (DBA):
Legal Name (if different):	Attn / Title: Email:
Attn / Title: Email:	Street Address:
Street Address:	City, Prov, PC:
Mailing Address (if different):	Special Shipping Instructions:
City, Prov, PC:	Partial Shipments OK? Yes <input type="checkbox"/> No <input type="checkbox"/>
Main Phone #: A/P Phone #:	Is shipping address a: Showroom <input type="checkbox"/> Warehouse <input type="checkbox"/> Office <input type="checkbox"/> Home Business <input type="checkbox"/>
Main Fax #: A/P Fax #:	
CORPORATE INFORMATION (Please enclose a copy of your last two years financial statements or tax returns. Information will be kept confidential)	
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Partnership (LP) <input type="checkbox"/> Other:	
B/N#:	PEC# (Attach Copy):
Type of Business:	Date Established / Years in Business / # of Employees: / /
Parent Company Name (if applicable):	Website Address: / Email
President / CEO:	Has the company ever filed bankruptcy?: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes- When
Controller / CFO:	Other Principle & A/P Manager:
PURCHASING INFORMATION	
Authorized Buyers:	
SECTION B (FOR CREDIT APPLICATION ONLY) TRADE / CREDIT REFERENCES	
Name: Account #:	Name: Account #:
Address:	Address:
City, Prov, PC:	City, Prov, PC:
Phone #: Fax #:	Phone #: Fax #:
Name: Account #:	Name: Account #:
Address:	Address:
City, Prov, PC:	City, Prov, PC:
Phone #: Fax #:	Phone #: Fax #:
BANK REFERENCE	
Bank Name: Officer/Contact:	<p>In support of this application MKHB is hereby authorized to obtain credit and/or financial information from my/our bank(s), other financial institutions or commercial firms with which I/we have done business. It is understood that any such credit and/or financial information will be held in strict confidence and used only for consideration of this application. Upon approval of this application, it is agreed that all purchases will be paid according to the specific terms outlined in my dealer agreement. Should I/we not pay MKHB according to terms, it is understood that credit privileges may be withdrawn. Payments made to MKHB that are returned insufficient funds will be charged a \$ 25.00 NSF fee for each insistence. No terms or conditions hereof may be changed except by written consent of MKHB. Should MKHB find it necessary to obtain assistance in collecting any monies due, I/we agree to pay all collection agency fees, attorney fees whether hourly or contingent, and/or court costs necessary to collect monies owed. Past due/unpaid balances are subject to 18% APR. Litigation to enforce this agreement may be commenced in the Province of Ontario at MKHB's option. This authorization shall be continuing without expiration and a photocopy or fax copy shall be given the same effect as the original.</p>
Address:	
City, Prov, PC:	
Checking Account #: Savings Account #:	
Loan Account #:	
Phone #: Fax #:	
SIGNED BY AUTHORIZED OFFICER	
Signature: Date:	
Name (please print): Title:	