



EMCO APPLICATION FOR CREDIT

ALL INFORMATION ON BOTH PAGES MUST BE COMPLETED AND RETURNED.

Please type or print.

To be completed by all Applicants

Legal Name of Business				Phone No.	E-mail Address
Address	City	Province	Postal Code	Fax No.	Cell No.
Shipping Address (If Different)			City	Province	Postal Code
					Describe the nature of your business
Type of Business: (Check appropriate box) Sole Proprietor <input type="checkbox"/> Incorporated Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/>					Contractor License Number
Accounts Payable Contact – Name			Phone No.	Date Business Started	Number of Employees
Tax Exemption Certificate No. (If Applicable)		Provincial Tax Exemption No. (If Applicable)		Credit Amount Applied For	
Current Suppliers – Name		Contact		Phone No.	Fax No.
Current Suppliers – Name		Contact		Phone No.	Fax No.
Current Suppliers – Name		Contact		Phone No.	Fax No.
Bank – Name		Address/City/Province/Postal Code		Contact Name and Phone No.	Line of Credit/Loan Amount
Other Reference – Name		Contact		Phone No.	Fax No.

To be completed by all Incorporated Companies (Use additional sheets if necessary)

Owner(s)/Parent Company(s) – Name	Address/City/Province/Postal Code	Phone No.	Fax No.	% Ownership
Owner(s)/Parent Company(s) – Name	Address/City/Province/Postal Code	Phone No.	Fax No.	% Ownership
Owner(s)/Parent Company(s) – Name	Address/City/Province/Postal Code	Phone No.	Fax No.	% Ownership

To be completed by all Sole Proprietors, All Partners and Other Entities (Use additional sheets if necessary)

Principal(s): Last Name		First Name	Middle Name	Birth Date (Day/Month/Year)	Social Insurance No.
Spouse: Last Name		First Name	Middle Name	Birth Date (Day/Month/Year)	Social Insurance No.
Address		City	Province	Postal Code	Phone No.
		How Long at this Address			
Rent or Own	If own, name(s) on Title	How Long		Previous Employer	How Long
Personal Bank – Name		Address/City/Province/Postal Code		Contact Name	Phone No.
Principal(s): Last Name		First Name	Middle Name	Birth Date (Day/Month/Year)	Social Insurance No.
Spouse: Last Name		First Name	Middle Name	Birth Date (Day/Month/Year)	Social Insurance No.
Address		City	Province	Postal Code	Phone No.
		How Long at this Address			
Rent or Own	If own, name(s) on Title	How Long		Previous Employer	How Long
Personal Bank – Name		Address/City/Province/Postal Code		Contact Name	Phone No.

The term “Emco” shall refer to Emco Corporation and all of its divisions, operating groups, predecessors, successors and assigns.

The Applicant hereby applies for credit to be extended to it by Emco and agrees to provide, on request, financial statements and/or net worth statements to Emco prior to credit being approved or extended. The Applicant agrees that Emco is under no obligation to accept this Application or to extend credit to the Applicant. The Applicant further agrees that if this Application is accepted, Emco may refuse to extend credit, or may reduce the amount of credit previously extended, at any time without providing reasons for such refusal or reduction. Upon request, the Applicant and/or its principals will provide a guarantee or other security acceptable to Emco.

The Applicant agrees that if it is claiming tax exempt status, a tax exemption certificate will be provided to Emco. The Applicant agrees that if it is an unincorporated business that is incorporated at a later date, it will notify Emco in writing within 14 days of such incorporation.

Unless otherwise specified on invoices and statements sent from time to time by Emco to the Applicant, the terms of sale are for payment in full of all accounts within 30 days of the invoice date. The Applicant agrees to pay interest in the amount of 2% per month (24% per annum) on all past due amounts. The Applicant agrees to pay Emco all costs, charges and expenses (including, without limitation, legal fees and expenses) incurred by or on behalf of Emco in connection with the collection of any outstanding amounts and/or the enforcement by Emco of any of its rights against the Applicant. A copy of Emco’s full terms of sale is available on request. Invoices and statements will be considered correct by both parties unless Emco is notified in writing of any errors within 30 days of invoicing.

Title to all goods sold or delivered by Emco will remain in Emco until such goods have been fully paid for by the Applicant and Emco shall have a continuing security interest and purchase money security interest in all such goods and their proceeds to secure payment by the Applicant of all its obligations to Emco.

The Applicant consents to Emco obtaining and disclosing credit, personal or other information about the Applicant, and/or its principals, for the purpose of determining whether to extend credit to the Applicant (the “Purpose”). The Applicant represents and warrants that the Applicant has the authority to grant such consent on behalf of its principals. Emco may obtain such information from, or disclose such information to, any credit reporting agency, credit bureau, collection agency, personal information agency, financial institution, bank, any party with whom the Applicant or principals have had or may have financial relations, or any other party on a need to know basis for the Purpose. Emco shall keep such information as long as is necessary for the Purpose or as required by law. The Applicant acknowledges that if it withdraws this consent at any time, Emco is under no obligation to extend, or continue to extend, credit.

This Application shall be governed by and interpreted in accordance with the laws of the province of the Applicant’s address set out on page 1 of this Application. The Applicant acknowledges receipt of a copy of this Application. The Applicant hereby certifies that the above information is true and correct in all respects and agrees to notify Emco of any change that may affect the terms and conditions hereof. This Application may be executed and delivered by facsimile transmission and, if so executed and transmitted, this Application will be for all purposes as effective and binding as if an originally executed document was delivered.

Signature: _____ Name: _____ Date: _____

EMCO BRANCH AND CREDIT DEPARTMENT USE ONLY

Sales Rep:	Matrix Pattern:	Discount:	Contract:	Customer Type:	Approved:
Branch:		Back Orders Y/N:	Invoices 1/2/3:	Print Prices on Pickers:	Approved: