



KNP Headwear Inc.

50 Melham Court  
Toronto Ontario Canada M1B 2E5  
Tel: (416) 298-8516 Fax (416) 298-4451

**CREDIT APPLICATION**

**(Please complete all information to avoid any delay in processing)**

CREDIT REQUESTED: \$ \_\_\_\_\_ DATE: \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

COMPANY OR TRADE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY & PROVINCE: \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ TEL #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_

PROPRIETORSHIP / PARTNERSHIP / CORPORATION/ NEW VENTURE TYPE OF BUSINESS: \_\_\_\_\_

DATE OF INCORPORATION: \_\_\_\_\_ P.S.T. # \_\_\_\_\_ G.S.T. # \_\_\_\_\_ # OF EMPLOYEE: \_\_\_\_\_

PERSON(S) AUTHORIZED TO SIGN ON BEHALF OF THE COMPANY: \_\_\_\_\_

CONTACT PERSONS: PRESIDENT/OWNER: \_\_\_\_\_ CONTROLLER: \_\_\_\_\_

PURCHASER: \_\_\_\_\_ ACCOUNTS PAYABLE: \_\_\_\_\_

**BANK INFORMATION:**

BANK: \_\_\_\_\_ A/C NO.: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL NO.: (\_\_\_\_) \_\_\_\_\_ FAX NO.: (\_\_\_\_) \_\_\_\_\_ LINE OF CREDIT: \_\_\_\_\_

**IMPORTANT: PLEASE NOTIFY YOUR BANK TO RELEASE THE APPROPRIATE INFORMATION.**

TRADE REFERENCES: (Please provide three references.)

1) NAME: \_\_\_\_\_ TEL# (\_\_\_\_) \_\_\_\_\_ FAX# (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2) NAME : \_\_\_\_\_ TEL# (\_\_\_\_) \_\_\_\_\_ FAX# (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

3) NAME : \_\_\_\_\_ TEL# (\_\_\_\_) \_\_\_\_\_ FAX# (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I/we, the undersigned, being an owner or stockholder or corporate officer of this applicant who has made application for credit with KNP Headwear Inc., warrants the truth, accuracy and completeness of the information contained herein and hereby authorize KNP Headwear Inc. to investigate the credit of the applicant with any of its suppliers, bank account representatives, credit bureaus or credit reporting agencies.

I/we understand that KNP Headwear Inc.'s term is Net 30 days from the date of invoice unless otherwise specified, and the account may be subject to a financial charge on past-due balances of 2% per month (24% annually). Furthermore, I/we understand that my orders will not be shipped if my account is past due, and that collection fees (including attorney fees) and related costs are my responsibility in the event of my non-payment. Also, I/we understand that a service charge of \$25 will be applied to my account in the event of a returned cheque.

I/we make this application on behalf of the above mentioned company. The information contained herein is strictly confidential and is for the explicit use of KNP Headwear Inc. The signature below authorizes my bank to release credit and account information to KNP Headwear Inc.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date