

STAHL'S' CANADA
Your Personalization Source!

CREDIT APPLICATION

www.stahls.com
 Phone: 800-521-5210
 Fax: 800-346-2216

BUSINESS	Company Name		Trade Name (DBA)		
	Billing Address (Street)		(City)	(Province)	(Postal Code)
	Ship to Address (if different from above)		(City)	(Province)	(Postal Code)
	Telephone	Fax	E-Mail Address		
	Accounts Payable Contact			Phone/Ext.	
	Fed. Tax No.:		Sales Tax Exemption No.:		
	<input type="checkbox"/> Ownership	<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> C Corp	<input type="checkbox"/> L.L.C.
	Nature of Business	Date Business Started	Date of present ownership		
	Amount of credit desired _____		Names of people authorized to charge on your account: _____ _____		

PRINCIPALS	Principal's Name		Title	Home Phone No.
	Home Address (Street)		(City)	(Province) (Postal Code)
	Principal's Name		Title	Home Phone No.
	Home Address (Street)		(City)	(Province) (Postal Code)

TRADE REFERENCES	Please supply at least 3 references		
	Name _____	Phone _____	
	Address _____	Fax _____	
	City/Province/Zip _____	E-Mail _____	

	Name _____	Phone _____	
	Address _____	Fax _____	
	City/Province/Zip _____	E-Mail _____	

Name _____	Phone _____		
Address _____	Fax _____		
City/Province/Zip _____	E-Mail _____		

All information requested should be completely filled out. Your resale tax card must also accompany this agreement.

STAHL'S CANADA
140 Snow Boulevard, Unit 1
Concord, ON L4K 4C1

Confidential
Request for Bank Credit
Information

www.stahls.com

Phone: 800-521-5210
Fax: 800-346-2216

Company Name		Name on Bank Account	
Your Address (Street)	(City)	(Province)	(Postal Code)
Your phone number	Bank Account Number for reference		
Bank Name	Bank's phone number	Bank's fax number	
Bank's Address (Street)	(City)	(Province)	(Postal Code)
<p>The above account has given the name of your bank as a reference in applying for credit terms with us. We Would greatly appreciate your completing the information below. All information will be held in strict confidence.</p> <p>Please accept this as an authorization to verify and / or release the information requested by Stahls' Inc.</p>			
_____		_____	
<i>Authorized Applicant Signature</i>		<i>Title</i>	
_____		_____	
<i>Type or Print Name</i>		<i>Date</i>	

TO BE COMPLETED BY THE BANK ONLY

Date Account Opened: _____

Any NSF's checks? Yes NO

How many in the last 12 months? _____

Deposit account relationship satisfactory: Yes No

Average: Low Medium High

Balance: 1-4 Figures 5 Figure 6 Figure

Loans:

Unsecured \$ _____ High Present \$ _____

Secured \$ _____ \$ _____

Loan Experience: Satisfactory Unsatisfactory

Is the bank loan: Committed As-offered Is the bank's commitment reduced: Quarterly Annually

Authorized Bank Signature

Bank Title

Type or Print Name

Date

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**ONTARIO RETAIL
SALES TAX**

www.stahls.com

Phone: 800-521-5210

Fax: 800-346-2216

PURCHASE EXEMPTION CERTIFICATE

BLANKET

Business Name

Business Address (Street)

(City)

(Province)

(Postal Code)

Vendor Permit Number (if applicable):

Under the provisions of the Retail Sales Tax Act, the above-named business claims exception from Ontario retail sales tax on the following goods or taxable services:

Authorized Signature

Date

Print or Type Name

IMPORTANT

The person buying the goods or taxable service for which an exemption is claimed must complete this certificate and give it to the supplier.

The supplier is to keep this form as stated in the regulations.

This certificate is valid for four (4) years for purchases of the above listed goods or services if,

- a.) The box beside the word "Blanket" at the top of the form is checked; and
- b.) The purchase order refers to this Purchase Exemption Certificate.

Every person who makes a false statement on this certificate or misuses this certificate is liable, if convicted, to a fine of not less than \$500.00 and more than \$10,000.00, plus an amount of not more than double the amount of tax that should have been paid or that was evaded, or to imprisonment for a term of not more than two (2) years, or both.

<p>STAHL'S CANADA <i>Your Personalization Source!</i></p>	<p>TERMS & CONDITIONS</p>	<p>www.stahls.com Phone: 800-521-5210 Fax: 800-346-2216</p>
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Payment made to Seller, must be made without discount in Canadian dollars at Toronto, Ontario pursuant to the terms set forth by agreement between Buyer and Seller. In the event Buyer does not pay amount due pursuant to the terms of the agreement between Buyer and Seller, Buyer agrees to pay a delinquent interest charge of 2% per month pursuant to the laws of the State of Michigan. Checks returned from the bank for insufficient funds or stop payment are subject to a fee.

Buyer agrees to immediately examine product upon receipt of delivery by Seller. Buyer agrees that he shall advise Seller of any defective product within 30 days of receipt. Buyer also agrees that they will examine immediately upon receipt each and all of the Seller's invoices and statements, and they will advise Seller of any transaction disputes within 10 days of receipt in writing. Failure to notify Seller of any dispute or defective goods shall constitute a complete waiver of any and all such disputes.

Buyer may only return product with prior authorization, all returns must be accompanied with an RMA number written on the outside of the shipping container. Stock items can be returned, damage free, prepaid freight with a 20%-50% restocking fee within 30 days of purchase. Custom and / or non-stock items cannot be returned – these items have been cut specifically for you.

Seller may, at any time without notice, cancel all credit available to Buyer and refuse to make any further credit advances. In the event Seller determines that information contained on this Credit Application is false or misleading, or if Seller receives other false or misleading credit information from Buyer of any kind or nature, Seller may without further notice cancel any orders in house, or any deliveries in progress to Buyer. Any false or misleading information by Buyer shall be construed as a material default, and any invoices outstanding shall be immediately due and payable in full.

The Seller will be reimbursed for reasonable attorney's fees and cost of collection on any past-due bill, regardless of whether judicial action is undertaken. The Buyer agrees that jurisdiction and venue for any dispute under this contract are proper in Macomb County, State of Michigan.

AUTHORIZATION

I / We individually, as principal(s) or officer(s) of the company, hereby authorize and request Stahls' Inc. to consider my company's application, and authorize company creditors and business references to provide any and all information concerning the financial and credit history to Stahls' Inc. Credit Department in conjunction with this application and on a continuing basis to determine credit worthiness.

Signature _____ Title _____

Print Name _____ Date _____

Signature _____ Title _____

Print Name _____ Date _____

GUARANTY

That as individuals, and as partners, shareholders, officers, directors, employees, or authorized representatives, we, the undersigned and each of us, in consideration of any and all credit granted by Seller, guaranty prompt payment when due of any and all indebtedness now due or which may hereafter become due from said entity to Seller. This shall be a continuing guaranty and shall not be revocable, except upon actual receipt by Seller of written notice that we, or any of us, revoke said guaranty as to transactions subsequent to the date such notices is received and, in such event, we shall continue to be responsible for any and all transactions which occurred prior to the date Seller actually received said notice. Guarantor agrees to be bound by each and all the terms and conditions set forth in the Credit Application herein.

Date _____ Guarantor _____

Print Name _____

Date _____ Guarantor _____

Print Name _____