



Credit Application

accounting@tileideal.com
Ph- 888-532-1104
Fx- 780-532-1176

Company Legal Name: _____ Date: _____

Trading As: _____ GST Number: _____
(If same as above leave blank)

Street Address: _____ City: _____ Province: _____

Postal Code: _____ Phone: _____ Fax: _____ E-mail: _____

Structure of Business: Sole Proprietor Partnership Corporation

President: _____ Vice President: _____

Accounts Payable Contact: Name _____ Phone Number: _____

Products Intended to Purchase: Tiles Tools Materials Other _____

Nature of Business: Re-seller Tile Installer Home Builder Contractor Designer

Monthly Credit Limit Requested: _____ Date When Business Started: Month _____ Year _____

Purchasing Agent(s): _____ Purchase Orders Required? Yes No
(People Allowed to Charge)

How to receive statements: Fax Mail E-mail E-mail address _____

Trade References

Company Name	City	Fax #	Contact	Email Address
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

Name of Financial Institution: _____

Address: _____ Contact: _____

Phone: _____ Fax: _____ Account Number: _____

Has the Firm or any of its Principals ever been bankrupt? Yes No

As inducement to grant credit, applicant warrants that all information submitted on this application is true and correct. Applicant (undersigned) authorized above named bank officers and trade references to release account information to Tile Ideal (trade name of Ideal Ceramic & Floors Inc.) Furthermore, applicant guarantees to Tile Ideal the faithful payment when due, of all accounts for merchandise and or service purchased and provided. Applicant agrees to pay any collection costs incurred to collect unpaid balance, including interest as allowed by provincial law and any reasonable attorney fees.

Sign: _____ Title: _____ Date: _____