|  |  |  |
| --- | --- | --- |
| Email: [SalesManager@howellpipe.com](mailto:SalesManager@howellpipe.com) | or Howell Sales Representative: |  |

**General Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Name: | |  | | | | Credit Limit Requested: | | *$* |
| Trade Name: | |  | | | | | Main Phone: |  |
| Mailing Address: | |  | | | | | Main Fax: |  |
| City: |  | | | Province*:* |  | | Postal Code: |  |
| Shipping Address: | | | Same as Above | or Street: |  | | | |
| City: |  | | | Province: |  | | Postal Code: |  |
|  | | | | Telephone No. |  | | Fax No. |  |

**Business Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Business Type:*** | Limited Company: | | | Partnership: | | | | Sole Proprietorship: | | | | Subsidiary: | | Division: | |
| If Type is Subsidiary or Division state name of affiliate or parent company: | | | | | | | | |  | | | | | | |
| Year of Incorporation: | |  | | | | | | | HST # | |  | | | | |
| If Sole Proprietorship, Owner’s Home Address: | | |  | | | | | | | | | | Own | | Rent |
| Length of time in business: | | |  | | | Length of time at present address: | | | | | | |  | | |
| Has the company operated under any other name(s)? | | | | | YES | | NO | | | Previous Name: | | |  | | |

**Owner / Officer Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Owner / Officer 1 |  | Location*:* |  | Title: |  | | |
| Owner / Officer 2 |  | Location: |  | Title: |  | | |
| Have any of these owners / officers ever declared bankruptcy as an individual or as an officer of a company? | | | | | | Yes | No |
| If Yes, please provide the details on a separate sheet. | | | | | | | |

**Business / Trade References**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Company Name: |  | E-mail |  | Telephone: |  |
| City: |  | Contact Name: |  | Fax: |  |
| Company Name: |  | E-mail |  | Telephone: |  |
| City: |  | Contact Name: |  | Fax: |  |
| Company Name: |  | E-mail |  | Telephone: |  |
| City: |  | Contact Name: |  | Fax: |  |

**Bank Reference**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bank Name: |  | Acct #: |  | Contact: |  | Telephone: |  |

**Credit Request**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Accounts Payable Contact: | |  | Email: |  | | Fax: |  |
| Invoice Preference: | Email  Fax | | Email or Fax Number for Invoices: | |  | | |
| Purchasing Contact: |  | | Email: |  | | Fax |  |

**Terms and Conditions of**

**Confidential Credit Application and Sales Agreement**

1. Payment Terms Net 30 days from invoice.
2. This Credit Application and Sales Agreement shall apply to any and all credit extended by Howell Pipe & Supply (Division of Howell Plumbing Supplies Dasco Limited) to the amount of the credit limit established.
3. Title and ownership of merchandise remains the property of Howell Plumbing Supplies Dasco Ltd o/a Howell Pipe & Supply, until the invoices are paid in full.
4. The person signing has been authorized to execute this agreement on behalf of the applicant.
5. In the event credit privileges are extended, the applicant agrees to pay all amounts invoiced in accordance with the terms stated on the invoice, and thereafter agrees to pay interest on any amount remaining due and owing at a rate of two percent (2%) per month (24% per annum).
6. Merchandise will not be accepted for return without an authorization number.
7. Discrepancies in shipping are to be reported within ten (10) days.
8. Merchandise authorized for return will be subject to a restocking charge. Further charges may be applied if the merchandise is returned damaged.
9. NSF cheques will be subject to a $25 service charge.
10. Any breach of contract, including non-payment, voids any warranty.
11. Unless different arrangements are made with Howell Plumbing Supplies Dasco Ltd o/a Howell Pipe & Supply, payment will be applied against the oldest balance of outstanding interest and principal.
12. Failure to comply with these Terms and Conditions may result in the cancellation of credit privileges without notice.

As an officer of the company, I do hereby give my consent to check any agencies or companies necessary, personal and commercial in processing this Credit Application and Sales Agreement. I hereby acknowledge that I have read and agree with Howell’s *Privacy Principles*, and I do hereby authorize and consent to the collection, use and release of any corporate or other information about the company, at any time, from, to or with any approved agency, in relation to the establishment and maintenance of the account status with Howell, in accordance with Howell’s *Privacy Principles*. I understand that all such information, collected and used by Howell, its affiliates and service providers, their respective successors and assigns is for the purpose of administering the account and credit status. I certify that the information given is true and correct and in addition to that, the applicant promises to pay for all purchases in accordance with the terms of sale. The applicant further agrees to pay for all collection costs, including reasonable attorney fees, incurred by Howell Plumbing Supplies Dasco Ltd o/a Howell Pipe & Supply, if made necessary by failure to comply with the payment terms of the sale.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of officer (Please Print): |  | Title: |  |
| Signature: |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **T H I S S E C T I O N F O R H O W E L L I N T E R N A L A C C O U N T I N G U S E O N L Y** | | | |
| Date CCASA Received: |  | Howell Sales Territory: |  |
| Credit Limit: | *$* |  | |
| Account Created in SX by: |  | Date Account Created: |  |