

Oxford Light

8120 Keele St. Concord, ON L4K 2A5

Tel 1.888.918.9339

Website : www.oxfordlight.com Email : info@oxfordlight.com

CREDIT APPLICATION

BILLING :

Company Name : _____
Country : _____
Address : _____
City : _____ Zip Code : _____
Office Number : _____ Fax : _____
Email Add./Website : _____

TYPE OF COMPANY: _____ Corp. _____ Partnership _____ Proprietor

Sales Tax ID #: _____
Nature of Business : _____
Year Established: _____ No. of Employees: _____
Is Purchase Order required: _____ Yes _____ No

OFFICE INFORMATION:

Officer Name & Title : _____
Soc. Sec. # : _____

TRADE REFERENCES:

Name & Address : _____
Tel No. & Fax : _____
Account No. : _____

Name & Address : _____
Tel No. & Fax : _____
Account No. : _____

Name & Address : _____
Tel No. & Fax : _____
Account No. : _____

AUTHORIZATION LETTER

Date : _____

To (Name of Your Bank): _____

Attention : _____

Fax No. : _____

Re : Credit Information

Dear _____,

This letter is to authorize you to release information to Oxford Light regarding our account.

Authorized by:

Printed Name : _____

Signature : _____

Position : _____

BANK INFORMATION:

Bank Name : _____ Branch No. : _____
Account No. _____ Bank Contact: _____

Address : _____

Phone No. : _____ Fax No. : _____

Applicant promises to pay for all purchases as billed, on or before the payment date specified in the Oxford Light invoices, and if payment is not met accordingly, the undersigned agrees to pay a service charge of two (2) percent per month on an unpaid balance thereof. In the event of default, applicant agrees to pay attorney's fees of thirty (30%) of the amount due and payable hereunder when the agreement is referred for collection to any attorney.

We have completely and correctly answered all the questions on this application. During the review of this application, Oxford Light may obtain a consumer report, and if the application is approved, Oxford Light may at any time in the future obtain additional consumer reports to review this account. We have the right to ask for the name and address of the consumer reporting agency which gave Oxford Light the consumer report.

Sign here X _____ Date _____
Driver's License No. _____

CREDIT TERMS & CONDITIONS

- All invoices are due in full 30 days from the date of the invoice, unless otherwise agreed to.
- Any visible damage and/or shortage(s) must be noted on the delivery receipt prior to signing or the purchaser will be held responsible.
- Documentation of any damages and/or shortages must be faxed to our office within 5 business days of receipt of material. Oxford Light will file a freight claim on the customer's behalf. If the documentation is not received within the allotted time frame, the purchaser will be held responsible.
- To return any material, authorization must be acquired. Proof of purchase is required for all returns (original invoice no.) Absolutely no Return Goods Authorization (RGA) will be issued for material older than twelve (12) months.
- An RGA number is only valid for sixty (60) days from the date of issue. If the material is not returned within the allotted time, the customer must request a new RGA or the material will not be accepted upon return.

Date : _____

Accepted by : _____
(PRINT NAME)

Signature : _____

PLEASE ATTACH SALES TAX LICENSE