



# CAN-RAD CREDIT APPLICATION FORM

125 norfinch dr., toronto, ontario, m3n 1w8  
t: 1 800-268-1905 or 416-663-7373 f: 1 800-831-6882 or 416-663-8912  
www.canrad.com

## Section 1: Salon Information (Please complete in Block Letters)

Legal Business Name: _____		Salon Name: _____	
Address: _____		Suite / Unit #: _____	
City: _____	Province: _____	Postal Code: _____	
Main Phone #: _____		Date Established: _____	
Main Contact Person: _____		E-mail: _____	
Credit Card #: _____	Visa <input type="radio"/>	MC <input type="radio"/>	By Invoice <input type="radio"/>
			By Statement <input type="radio"/>
Credit Card Expiry Date: _____	Name on Card: _____	Air Miles #: _____	
Do you want Back Orders cancelled? Yes <input type="radio"/> No <input type="radio"/>		Is a purchase order number required? Yes <input type="radio"/> No <input type="radio"/>	

## Section 2: List Full Names, Addresses, and Titles of all Officers, Partners or Owners:

Name: _____	Position: _____	Direct #: _____
Full Address: _____		Cell #: _____
Name: _____	Position: _____	Direct #: _____
Full Address: _____		Cell #: _____
Accounts Payable: (Person Name) _____	E-mail: _____	Direct #: _____

## Bank References

Bank Name: _____	Account: _____	Transit #: _____
Reference Name: _____	Phone: _____	Fax: _____

## Trade References

Company Name: _____	Credit Limit: _____	Account Opened Since: _____
Contact Name: _____	Phone: _____	Fax: _____

## Sales Tax Exemption (if applicable)

Blanket  Vendor Permit (PST#): \_\_\_\_\_ Dated: \_\_\_\_\_

Nature of Business: Beauty Salon

Following goods fall under the provision of the retail sales tax exemption re professional hair care products such as shampoo, Conditioner, styling products, hair accessories and other sundry items.

*I/We Agree and understand to pay by the following terms: Balance due on receipt of statement, if paying by invoices, our terms are net 30 days 3.25% per month is charged on past due accounts with a minimum of \$1.60 charged. A handling fee of \$20.00 is charged for a cheque not accepted for payment for whatever reason. If this application for credit is made under a trade name under which the undersigned or any firm or corporation carries on business, the undersigned covenants either as principle partner or guarantor personally to pay and to discharge all liability to Can-Rad Beauty Limited incurred under such trade name as fully and effectually as if had incurred such liability in his personal capacity. I hereby authorize any credit check and/or reference checks that maybe necessary.*

*\*By signing this document, the applicant acknowledges that they have reviewed both sides of this document.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I Hereby authorize Can-Rad to charge my credit card based on the information I have supplied above.

## Office use only

Account#: \_\_\_\_\_ Date: \_\_\_\_\_ Consultant#: \_\_\_\_\_ Credit: \$ \_\_\_\_\_