



MARKETING & DEVELOPMENT INCORPORATED



AGMDSAFETY.COM



647-772-2094



PRASANNA@AGMDGROUP.COM



7300 TORBRAM RD, UNIT 1
MISSISSAUGA, ON, L4T 3X2

CREDIT APPLICATION

Legal Name: _____ Business Tax Number _____

Address: _____ How did you hear about us? _____

_____ Website: _____

_____ Phone Number: _____

Corp. Billing Address: _____ Ship to Address: _____

CONTACT DETAILS

Contact Name	Email Address	Receives Invoices	Order Confirmations
Accounts Payable		<input type="checkbox"/>	<input type="checkbox"/>
Purchasing		<input type="checkbox"/>	<input type="checkbox"/>
Sales		<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>

BANK DETAILS

Contact Name: _____ Email: _____

Address: _____ Account Number: _____

Phone Number: _____ Bank Reference: _____

TRADE REFERENCES

Name:	Name:	Name:
Address:	Address:	Address:
Contact:	Contact:	Contact:
Phone Number:	Phone Number:	Phone Number:
Email:	Email:	Email:

By submitting this credit application, you authorize us to make inquiries into the banking and business references that you provided.

Signature: _____

Name: _____ Date: _____



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Security & Privacy Notice

AGMD Group respects your privacy and collects the information included in this form for payment processing only. All information provided remains strictly confidential, internal, secure and safe.

Terms and conditions of sale

- No refunds. Credit to account only.
- Exchanges available within the first 48 hours after delivery.
- A 2% monthly (24% yearly) admin fee is applicable on all overdue amounts.
- All merchandise returns must be authorized by AGMD Group and accompanied with an authorization approval from the Warehouse Manager to do so
- Merchandise returned without an authorization will be refused and sent back to sender collect.

I, _____ hereby certify that all of the information provided in this account application is valid and accurate.

Personal Guarantee

The undersigned residing at the following address _____ stands surety for the Buyer towards the Seller. As such, the undersigned guarantees the reimbursement jointly, and in solidarity of any sum that the Buyer owes, or shall owe, to the Seller.

Signature: _____

Name: _____ Date: _____