



8301 WINSTON CHURCHILL BLVD.  
BRAMPTON, ON L6Y 0A2  
(905) 455-8340

**DEAR APPLICANT:**

**PLEASE FILL OUT OUR CREDIT APPLICATION COMPLETELY.  
PLEASE TYPE OR PRINT, USING PEN, TO MAKE IT LEGIBLE.**

**IF THE APPLICATION IS INCOMPLETE OR NOT SIGNED, A DELAY WILL  
OCCUR.**

**THANK YOU FOR YOUR COOPERATION.**

**T. FERREIRA**

**CREDIT DEPARTMENT**

**MAPLE LODGE FARMS LTD.**

**[tferreira@maplelodgefarms.com](mailto:tferreira@maplelodgefarms.com)**



## CREDIT APPLICATION

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.8301 Winston Churchill Blvd. Brampton, Ontario L6Y 0A2 Tel: (905) 455-8340 ext. 2737 Fax: (905) 455-7093

1. Full Legal Name of Business (please include "Inc." or "Ltd." if applicable)

2. Is your business incorporated? No ☐ Corporation Number:

Sole Proprietorship ☐

Partnership ☐

Incorporated Private ☐

Incorporated Public ☐

3. Shipping Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Characteristics of location:

Mall or Plaza ☐

Stand-Alone ☐

Sign on Store location \_\_\_\_\_

4. Billing Address (if different from Shipping Address) \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

### 5. For Sole Proprietorships or Partnerships

#### Principal Owner(s) Information

a) Name \_\_\_\_\_ Title \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Home Address \_\_\_\_\_

Driver's License Number \_\_\_\_\_

b) Name \_\_\_\_\_ Title \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ Home Address \_\_\_\_\_

Driver's License Number \_\_\_\_\_

### 6. For Incorporated Businesses

Managing Director \_\_\_\_\_

Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Accounts Payable Manager \_\_\_\_\_

Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Other Contact in Accounts Payable \_\_\_\_\_

Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

Person authorized to make purchases \_\_\_\_\_

Title \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

**References****Bank Reference:**

Bank	Branch
Address	City
Province	Postal Code
Telephone	
Contact Name	Account #

**Principal Suppliers:**

Name	Name
Address	Address
City	Prov.
P/Code	
Telephone Number	Terms
Name	Name
Address	Address
City	Prov.
P/Code	
Telephone Number	Terms

Estimated Weekly Purchases: \_\_\_\_\_ Delivery Times Preferred:

**Minimum order each delivery \$ 500.00**

Hours of Operation:

The undersigned hereby certify that we are financially able to pay for goods sold to us by Maple Lodge Farms Ltd. We shall pay your invoices according to their terms or such other terms as we may arrange with you.

Title to and ownership of all products which are supplied to us by Maple Lodge Farms Ltd. shall remain the property of Maple Lodge Farms Ltd. until full purchase price thereof together with interest thereon are paid in full.

We acknowledge that all accounts become overdue 7 days following delivery and interest will be charged on overdue accounts at the rate of 2% per month (24% per annum).

We authorize Maple Lodge Farms Ltd. to check all references both listed in this form and available through any credit-related agency, so long as we are using the company's credit privileges. We understand that for proprietorships and partnerships Maple Lodge Farms Ltd. reserves the right to perform credit checks on owner(s) and/or principal(s) of the company and keep this information on file for the duration of the same business relationship. We understand also that carrying charges shall be assessed on whatever amount is outstanding in an overdue position as determined by the terms of sale. We also understand that we will reimburse Maple Lodge Farms Ltd. for both legal and collection fees undertaken by Maple Lodge Farms Ltd. to collect past due balances.

We have read and understand these conditions, and we hereby certify that the above information is true and accurate. We further undertake to keep Maple Lodge Farms Ltd. advised of any changes in the above information on a current basis.

Name (print) \_\_\_\_\_ Title \_\_\_\_\_

Dated \_\_\_\_\_

SIGNATURE I have authority to bind the corporation \_\_\_\_\_

**PLEASE PAY FROM INVOICE – ADVISE EMAIL ADDRESS TO SEND WEEKLY STATEMENTS**

Credit approval Yes No Credit ceiling