



CREDIT APPLICATION

INTERNATIONAL DISTRIBUTION NETWORK CANADA LIMITED

IDN CANADA - Toronto
 70 Floral Parkway Toronto, Ontario M6L 2B9
 Tel: 416.248.5625 Toll Free: 1.800.268.1306 Fax: 416.248.9945

Please print or type, all fields must be filled in properly.

Customer # _____ Your Sales Rep. _____
 Company Name: _____
 Address: _____ Rent: _____ Own: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone # _____ Fax # _____
 E-Mail Address: _____
 Type of Business: _____ No. of Yrs. In Business: _____
 Parent Company's Name: _____
 Name of Owner: _____
 Accounts Payable Contact: _____ Purchasing Contact: _____
 Notification of new products via e-mail? Yes ___ No ___ Credit Line Requested Yes ___ No ___

Bank: _____ Line Of Credit \$ _____
 Address: _____ Contact: _____
 Account # _____
 City: _____ Province: _____ Postal Code: _____
 Telephone # _____ Fax # _____

Credit reference (list three (3) current suppliers where you have an open account)

1. Company name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone # _____ Fax # _____
2. Company name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone # _____ Fax # _____
3. Company name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone # _____ Fax # _____

An administrative fee of \$50 is required to accompany this form unless an initial order of \$500.00 has been received. A minimum of \$2,400.00 annually to maintain open account status. Your signature below confirms acceptance of our terms of NET 30 Days.

Opening Order # _____ Amount \$ _____
 Signature: _____ Title: _____ Date: _____

For Office Use Only

Credit Approved: _____ Credit Denied: _____ Credit Limit \$ _____
 Terms: Net 30 Days: _____ Date: _____ Approved By: _____
 Entered by: _____ Salesperson ID# _____

** Please allow 2 weeks for processing.