



**Please Remit Invoice Payments to:**  
 14600 Durham Road 57 • Blackstock, ON • L0B 1B0  
 Phone: (905) 986-0839 • Cell: (905) 259-5737  
**For all Cdn. sales, please contact:** Len Gerling  
 Phone: (604) 756-1239 • Cell: (778) 772-0499  
 E-Mail: len@distinctdistributors.ca

**CREDIT APPLICATION FOR BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Company Name:	Date Business Commenced:
Contact Name:	Business Number:
Billing Address: _____	Shipping Address: <input type="checkbox"/> Same
City, Prov., Postal: _____	Street: _____
Phone: _____	City, Prov., Postal: _____
Email: _____	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation

**BANKING INFORMATION/TRADE REFERENCES**

Bank Name:	Phone:
Account Number:	Fax:
Contact Name:	Email:
1)Company Name:	Phone:
Address:	Fax:
Contact Name:	E-mail:
2)Company Name:	Phone:
Address:	Fax:
Contact Name:	E-mail:
3)Company Name:	Phone:
Address:	Fax:
Contact Name:	E-mail:

**CREDIT CARD INFORMATION (REQUIRED FOR FIRST 90 DAYS MINIMUM)**

VISA    MASTERCARD

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Total Authorized Charges \$ \_\_\_\_\_

**One Time Authorization:** I agree to the charges noted & authorize **Distinct Distributors Inc.** to charge the indicated amount only, on this card.

Authorized Signature: \_\_\_\_\_

**Recurring Authorization:** I authorize all future orders to be processed by **Distinct Distributors Inc.** using this credit card, until further notice.

Authorized Signature: \_\_\_\_\_

**AGREEMENT**

- All invoices are to be paid 30 days from the date of the invoice.
- By submitting this application, you authorize **Distinct Distributors Inc.** to make inquiries into the banking and business/trade references that you have supplied.
- All invoices and periodic sales & technical information will be emailed to address supplied above. (Please initial to show agreement) \_\_\_\_\_

**APPLICANT SIGNATURE** *(Internal Use Only)*

Signature:	Approved: _____ Denied: _____ Date: _____
Name and Title:	Amount Approved: _____ Terms: _____
Date:	Approved by: _____ Sales Rep: _____

Please email completed form to: **Distinct Distributors Inc.** at [sales@distinctdistributors.ca](mailto:sales@distinctdistributors.ca)