



## REQUEST FOR CREDIT

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Date: \_\_\_\_\_

We understand you wish to open an account with CARO Analytical Services. In order to give your request our fullest consideration, please answer the following questions and return a completed copy as soon as possible. Please allow us up to four weeks to inquire regarding your credit rating.

### **BUSINESS CONTACT INFORMATION**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company limited? Yes \_\_\_\_\_ No \_\_\_\_\_

Date started in business: \_\_\_\_\_ Date incorporated: \_\_\_\_\_

Do you own or lease your business premises? \_\_\_\_\_

Names of Principals: 1. \_\_\_\_\_ Position: \_\_\_\_\_

2. \_\_\_\_\_ Position: \_\_\_\_\_

How much credit are you requesting? \$ \_\_\_\_\_

A/P Contact: \_\_\_\_\_

A/P email: \_\_\_\_\_ A/P Telephone: \_\_\_\_\_

### **BANKING CONTACT INFORMATION**

Name of your bank: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Bank Contact person: \_\_\_\_\_ Email : \_\_\_\_\_





**TRADE REFERENCES**

Names and addresses of your major suppliers with whom you already have equivalent or higher credit limit: (if none, list best references)

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CREDIT AGREEMENT**

- a) Invoiced amounts shall be paid within 30 days of the date of the invoice (the “Due Date”).
- b) Interest on any unpaid invoiced amount will be charged from the due date to the date of payment at 2% per month (26.8% per annum).
- c) CARO reserves the right to withhold results whenever a payment is overdue and customer account exceeds the approved credit limit.

By submitting this application, you authorize CARO Analytical Services to make inquiries into the banking and trade references that you have supplied. I, the undersigned, agree on all terms of this request for credit:

Signature: \_\_\_\_\_ (Principal or Company Official)

Name and Title: \_\_\_\_\_

*After completing this form, please submit it to [accounting@caro.ca](mailto:accounting@caro.ca) for approval.*