



**Muskoka Auto Parts Limited**  
 11 King William Street  
 Huntsville, Ontario, P1H 2K8  
 (705) 789-4453 or fax (705) 789-8077  
 admin@muskokaauto.com  
**APPLICATION FOR CREDIT**

Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

How long at this address: \_\_\_\_\_ Do you rent or own building: \_\_\_\_\_

Previous address: \_\_\_\_\_

Please advise your preference for receiving statements:

Email \_\_\_\_\_

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

Mail:

**Please advise if you require a PO # for invoices: Yes ( ) No ( )**

**Please advise if you require a Signature Copy of invoices: Yes ( ) No ( )**

Date business commenced: \_\_\_\_\_ Type of business \_\_\_\_\_

Individual [ ] Partnership [ ] Corporation [ ] S.I.N.# \_\_\_\_\_ HST # \_\_\_\_\_

Owners/Partners		Address		
Bank(s)	Address	Phone	Fax	Account #
Trade Reference	Address	Phone	Fax	Account #

Amount of credit required: \_\_\_\_\_ Terms of payment: \_\_\_\_\_

Terms: Payment due on receipt of statement, 2% per month (24% per annum) service charge on past due balance.

I, the undersigned, declare that all the information supplied in this application for credit is true and accurate and that I am authorized to request a charge account at Muskoka Auto Parts Limited. Furthermore, by signing below this credit application, I agree and consent to authorize the company to obtain from any credit reporting agency or any other source, such information as the company may deem appropriate, at any time, in the connection with the credit hereby applied for. I acknowledge that I am jointly and severally liable for all purchases and/or services requested from Muskoka Auto Parts Limited under my own name, trade or corporate name.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
 Name/Title (Please Print)

\_\_\_\_\_  
 Signature