



The Canadian Wholesaler

CREDIT APPLICATION
CBA Libris Distributor of the Year 2000/2002/2003

35 Prince Andrew Place
Toronto, Ontario M3C 2H2
Tel: 416 449-4000 / 800 490-4049
Fax: 416 449-9924 / 888 349-2221
e-mail: north49@idirect.com

Full Legal Name: \_\_\_\_\_

Other Trade Names: \_\_\_\_\_

Bill To: (Street) \_\_\_\_\_ Ship To: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (Prov) \_\_\_\_\_ (P.C.) \_\_\_\_\_ (City) \_\_\_\_\_ (Prov) \_\_\_\_\_ (P.C.) \_\_\_\_\_

Tel# \_\_\_\_\_ Fax# \_\_\_\_\_ Tel# \_\_\_\_\_ Fax# \_\_\_\_\_

E-Mail \_\_\_\_\_ Web Site \_\_\_\_\_

Other Store Locations \_\_\_\_\_

Check as Applicable: \_\_\_\_\_ Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation

Give Full Name and Title of all Owners, Partners, Officers and Directors

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_

Amount of Credit Requested (approx monthly purchases) \_\_\_\_\_

Nature Of Business: \_\_\_\_\_ Independent \_\_\_\_\_ Franchise

Please Describe Briefly \_\_\_\_\_

Date Business Commenced or Incorporated: \_\_\_\_\_

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_ Tel # \_\_\_\_\_

PST Exemption Number \_\_\_\_\_

Trade References

1. Company \_\_\_\_\_ Contact \_\_\_\_\_ Tel# \_\_\_\_\_ Fax# \_\_\_\_\_

2. Company \_\_\_\_\_ Contact \_\_\_\_\_ Tel# \_\_\_\_\_ Fax# \_\_\_\_\_

3. Company \_\_\_\_\_ Contact \_\_\_\_\_ Tel# \_\_\_\_\_ Fax# \_\_\_\_\_

Agreement to terms: The undersigned makes application for credit with Waldock Publishing Limited o/a North 49 Books, and certifies that all statements given for purposes of maintaining credit on this account are true. The undersigned also authorizes verification of the above facts and agrees to pay invoices issued by NORTH 49 BOOKS at or before 30 days from the invoice date, once credit has been established.

DATE \_\_\_\_\_ Applicants Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_