J. JENKINS & SON LANDSCAPE CONTRACTORS LIMITED
P.O. BOX 720, GORMLEY, ONTARIO L0H 1G0
HEAD OFFICE: (905) 773-2000 TORONTO LINES: (416) 783-6137 FAX (905) 888-9039

# APPLICATION FOR CREDIT

| | |
|---|---|
| **LEGAL NAME OF BUSINESS** | **PHONE NO.** |
| **MAILING ADDRESS:** | **FAX NO.** |
| | **NATURE OF BUSINESS:** |
| **STREET ADDRESS:** | **IN BUSINESS SINCE:** |
| **ACCOUNTS PAYABLE CONTACT:** | **NUMBER OF EMPLOYEES:** |

## BANKING INFORMATION:

| | |
|---|---|
| **INSTITUTION:** | **BRANCH:** |
| **TYPE OF ACCOUNT** | **ADDRESS:** |
| **ACCOUNT MANAGER:** | **PHONE NO.:** |

**TRADE REFERENCES:** **(CURRENT SUPPLIERS)**

| **NAME** | **ADDRESS:** | | |
|---|---|---|---|
| Contact: | | PHONE: ( )<br>FAX: ( ) | * |
| Contact: | | PHONE: ( )<br>FAX: ( ) | * |
| Contact: | | PHONE: ( )<br>FAX: ( ) | * |

*** Fax Numbers are essential**

## OWNER'S INFORMATION:

**NAME:** _____ Cellular #: _____

**NUMBER OF YEARS UNDER PRESENT MANAGEMENT:** _____

CREDIT REQUIRED: _____ **Terms are Net 30 Days**

I, the undersigned, declare that all information supplied is true and accurate, that I am authorized to request credit from J. Jenkins & Son Landscape Contractors Limited. Furthermore, by signing below, I give authorization to J. Jenkins & Son Landscape Contractors Limited to obtain from any credit reporting agency or any other source, such information may be deemed appropriate in connection with the credit applied for. I acknowledge that I am jointly and severally liable for all purchases and services requested from J. Jenkins & Son Landscape Contractors Limited under my own name, trade name or corporate name.

Signed at _____ ,Ontario this _____ day of _____ , 2011

Owner's Signature _____