



**CANADIAN CREDIT APPLICATION**  
*Let Our Team Help Your Team!*

**BUSINESS INFORMATION**

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

DBA Name: \_\_\_\_\_ D&B #: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Billing Address: *(if different than above)* \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (     )                      Fax: (     )                      E-mail: \_\_\_\_\_

Credit Amount Requested: \$ \_\_\_\_\_ Terms Requested: \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

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

Resale Tax #: \_\_\_\_\_ Are Products for Resale?  Yes  No

Company Principal: \_\_\_\_\_ Phone: (     )                      \_\_\_\_\_

**BANK REFERENCES**

Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone: (     )                      \_\_\_\_\_

**TRADE REFERENCES**

Vendor Name: \_\_\_\_\_ Account # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: (     )                      \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Account # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: (     )                      \_\_\_\_\_

Vendor Name: \_\_\_\_\_ Account # \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: (     )                      \_\_\_\_\_

The above information is current and correct. Team Tek Canada is free to contact the references listed above in order to establish the credit worthiness of the undersigned. In consideration for any extensions of credit, purchaser agrees to the terms and to the conditions of sale shown on each invoice. The purchaser also agrees to pay reasonable attorney fees and other costs incurred for collection.

\_\_\_\_\_

Print Name    Signature    Title    Date





# UNIFORM SALES & USE TAX CERTIFICATE

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The below-listed states have indicated that this form of certificate is acceptable. The issuer and the recipient have the responsibility of determining the proper use of this certificate under applicable laws in each state, as these may change from time to time.

## BUSINESS INFORMATION

Issued to Seller:

Address:

**I certify that:**

Name of Firm (Buyer):

Address:

**is engaged as a registered:**

Wholesale:

Retailer:

Manufacturer:

Seller (California):

Lessor:

Other:

and is registered with the below listed states and cities within which your firm would deliver purchases to us and that any such purchases are for wholesale, resale, ingredients or components of a new product or service<sup>1</sup> to be resold, leased, or rented in the normal course of business. We are in the business of wholesaling, retailing, manufacturing, leasing (renting) the following:

Descripton of Business (Must be completed):

General description of tangible property or taxable services to be purchased from the seller:

## STATE - STATE REGISTRATION, SELLER'S PERMIT OR ID NUMBER OF PURCHASER.

AK	FL <sup>23</sup> <i>Signed FL 2004 Annual Resale Certificate must be attached.</i>	MA	NH <i>No State Sales Tax</i>	TN
AL <sup>2</sup>		MD <sup>10</sup>	NM <sup>1,15</sup>	TX <sup>19</sup>
AR	GA <sup>6</sup>	ME <sup>9</sup>	NV	UT
AZ <sup>22</sup>	HI <sup>1,7</sup>	MI <sup>11</sup>	NY <i>State Form ST-120 Required</i>	VA <i>State Form ST-10 Required</i>
CA <sup>3</sup>	IA	MN <sup>12</sup>	OH <sup>26</sup>	VT
CO <sup>1</sup>	ID	MO <sup>13</sup>	OK <sup>16</sup>	WA <sup>20</sup>
CT <sup>4</sup>	IL <sup>1,8</sup>	MS	OR <i>No State Sales Tax</i>	WI <sup>21</sup>
DC <sup>5</sup>	IN <i>State Form ST-105 Required</i>	MT <i>No State Sales Tax</i>	PA <sup>27</sup>	WV
DE <i>No State Sales Tax</i>	KS	NC <sup>25</sup>	RI <sup>17</sup>	WY <i>State Form ETS101 Required</i>
	KY <sup>24</sup>	ND	SC	
	LA	NE <sup>14</sup>	SD <sup>18</sup>	

I further certify that if any property or service so purchased tax free is used or consumed by the firm as to make it subject to a Sales or Use Tax we will pay the tax due directly to the proper taxing authority when state law so provides or inform the seller for adding tax billing. This certificate shall be a part of each order which we may hereafter give to you, unless otherwise specified, and shall be valid until canceled by us in writing or revoke by the city or state. Under penalties of prejudy, I swear or affirm that the information on this form is true and correct as to every material matter.

Print Name

Signature

Title

Date