

## **New Customer Application**

Business Legal Name:		Branch Location(s) 🗌 Yes 🔲 No
Physical Address:		
City:	Province:	Postal Code:
Shipping Address (if different from Physical Address):		
City:	Province:	Postal Code:
Primary Contact:	Email:	
Phone:	Fax:	
AP Contact:	Email:	
Phone:	Fax:	
Date Business Opened: Annual Sales:	: Amount	of Credit Requested:
Website Address:	In S	Shop Service 🗌 Mobile Service 🗌 Rental 🗌
CREDIT REFERENCES FROM NON AREA DE	ALERS (MINIMUM OF 4)	
Company Name:	Company Name:	
Contact Name:		
Phone:		
Fax:		
Company Name:	Company Nam	e:
Contact Name:		
Phone:		
Fax:		
<ol> <li>referred to as TVH.</li> <li>Sales tax will be charged unless a properly execute</li> <li>All sales are final and no merchandise may be retur return is approved, the customer shall pay the cost of twaives the charges.</li> <li>Customer agrees to pay all invoices Net 30 Days fm considered past due and continuation of credit terms v</li> <li>In the event it becomes necessary for creditor to eit by the debtor, the creditor shall be entitled to recover,</li> <li>Customer certifies that all information provided on thereby agrees to all of the foregoing terms and conditi</li> <li>Products are sold ex works TVH warehouse. Purch freight policies.</li> <li>Prices are subject to change without prior notice. U</li> <li>*Credit cannot be granted without a signature acknow</li> </ol>	rned unless an TVH employee fun the return and any restocking fee in om date of invoice. Invoices unpa- vill be at the discretion of TVH. ther bring suit employ a collection in addition to the amount of debt of he credit application is true. In ret ions, intending to be legally bound haser agrees to pay freight and sh Unless otherwise stated, all prices owledging credit terms.	nishes a Return Authorization Number. If the imposed unless an TVH employee otherwise aid thirty-one days after invoice date will be agency to aid in the recovery of any debt owed due, all of its costs and attorney's fees. turn for such extension of credit, customer hereby. ipping, pursuant to TVH customer-specific are in U.S. dollars.
Signature of Officer:		Date:
Print Officer's Name & Title:		
BANK REFERENCE/CREDIT APPLICATION		
Name of Bank:	Contact Name:	
Address:	Transit #:	Bank #:
City:	Province:	Postal Code:
Phone:	Fax:	

TO CHECK THE STATUS OF YOUR APPLICATION, SEND AN EMAIL TO: <u>TVHCANADA@TVH.COM</u>. FAX APPLICATION TO 905-564-5717