



2642 Millar Ave, Saskatoon SK S7K 4C8
TEL: (306) 933-2727 | FAX: (306) 933-9742
www.sohandy.com

CONFIDENTIAL CREDIT APPLICATION

BUSINESS INFORMATION

Legal Name/Trade Name: _____

Address Street: _____ City: _____

Province: _____ Postal Code: _____

Email: _____ Phone: _____ Fax: _____

Nature of Business: _____ Length of time in business: _____

*GST Exempt Number: _____ *PST Exempt Number: _____

Type of business: (Please provide copy of certificate of exemption)
Sole Proprietorsip, Partnership, Corporation, Cooperative, Others: (Please specify)

COMPANY DIRECTORS/OFFICERS/PRINCIPALS

(1) Name: _____ Phone: _____
Address: _____ Fax: _____
Email: _____

(2) Name: _____ Phone: _____
Address: _____ Fax: _____
Email: _____

ACCOUNT/BILLING INFORMATION

A/P Contact Person: _____ Phone: _____

Email: _____ Fax: _____

Credit limit request: \$ _____

Purchase Order Required? _____ If yes: [] Written? [] Number only?

Damage waiver to decline? _____ If yes please provide an insurance certificate. Kindly see attached damage waiver & insurance certificate requirements on page 3 for your guidance.

Manner of receiving invoice and statement: (Please select one)

[] Mail: Address: _____

[] Fax: _____ (Preferred) [] Email: _____ (Preferred)

How did you hear about us?

[] Internet [] Phonebook [] Web Quote
[] Newspaper [] Walk-in [] Word of mouth

BUSINESS/TRADE REFERENCES

BANK

Name: _____
Address
Street: _____ City: _____
Province: _____ Postal Code: _____
Contact Name: _____ Email: _____
Phone: _____ Fax: _____

TRADE

(1) Vendor Name: _____
Address: _____
Contact Name: _____ Email: _____
Phone: _____ Fax: _____

(2) Vendor Name: _____
Address: _____
Contact Name: _____ Email: _____
Phone: _____ Fax: _____

(3) Vendor Name: _____
Address: _____
Contact Name: _____ Email: _____
Phone: _____ Fax: _____

(4) Vendor Name: _____
Address: _____
Contact Name: _____ Email: _____
Phone: _____ Fax: _____

(5) Vendor Name: _____
Address: _____
Contact Name: _____ Email: _____
Phone: _____ Fax: _____

(6) Vendor Name: _____
Address: _____
Contact Name: _____ Email: _____
Phone: _____ Fax: _____

AGREEMENT

We herein make application to Handy Group of Companies for Credit. If credit is granted, we promise to pay all invoices **within 30 days**. In the event payment of any amount owing by us to your company is not made when due, a delinquent charge computed at the rate of 1.5% per month may be imposed. We agree to pay any collection costs incurred to collect the account balance, including reasonable attorney's fees. The undersigned, as an inducement to grant credit, warrants that the information submitted is correct. You are authorized to investigate the credit references listed. If this document is received electronically, the document shall be considered legally signed.

Applicant's Name: _____ Title: _____

Applicant's Signature: _____ Date: _____

WHAT IS A DAMAGE WAIVER

THIS IS NOT INSURANCE. If this is a contract for lease or rental of the Equipment then unless the customer declines, the Customer agrees to pay damage fees as set out on front of Contract page 1 and in consideration thereof, the Dealer waives its right of indemnity against the customer and the Insurers of the Customer in respect of Accidental Equipment Damage to a maximum value of \$5,000.00 or 50% of the Replacement Cost of the Equipment whichever is less, and the Dealer will cover 100% of Accidental Equipment Damage to the lesser of \$5,000.00 or 50% of the Replacement Cost of the Equipment whichever is less, and the Dealer will cover 100% of Accidental Equipment damage to the lesser of \$5,000.00 or 50% of the Replacement Cost of the Equipment as of the date of the contract. "Replacement Cost" is the retail value assigned by the Dealer to the Equipment based in the current purchase price of the equipment by the Dealer. The value is used when Equipment is damaged in any manner. "Accidental Equipment Damage" is deemed to be any damage to the Equipment with the Dealer in its sole discretion, after having inspected the Equipment, deems to be of an accidental nature, but shall not include damage to tires or equipment glass, or damage caused by reason of theft, negligence, vandalism, fire, acts of God, or acts of a third party.

REQUIREMENTS FOR A VALID CERTIFICATE OF INSURANCE

- 1) The name and address of the insured customer (you)
- 2) Handy Group of Companies must be listed as the certificate holder and as additional insured and loss payee
- 3) Proof of general liability of \$1,000,000 minimum
- 4) Proof of physical damage equipment coverage
- 5) Policy number for contractor's equipment coverage and its effective and expiry date
- 6) Rented Equipment coverage must be equal to or greater than the value of the equipment rented

Your insurance agent will be familiar with these terms. If they have any questions, please have them call 306-933-3020 or 306-933-2727.

Please send the completed form and certificates thru the following options:

Fax: (306) 933-9742

Email: accountsreceivable@sohandy.com

Mail: 2642 Millar Avenue, Saskatoon, SK S7K 4C8