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LINE OF CREDIT FORM

### LINE OF CREDIT APPLICATION FORM

Legal Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Province/State: \_\_\_\_\_ Postal/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Est. Monthly Purchases: \_\_\_\_\_

#### OFFICERS / PRINCIPALS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

#### BANK:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

#### TRADE REFERENCES:

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I/WE THE UNDERSIGNED, CERTIFY THAT THE INFORMATION GIVEN IS TRUE AND CORRECT AND AFFIRM THAT WE ARE FINANCIALLY ABLE TO MEET COMMITMENTS WE HAVE MADE AND EXPECT TO PAY INVOICES IN ACCORDANCE WITH AGREE UPON TERMS. I/WE AUTHORIZE YOU TO MAKE THE USUAL CREDIT INQUIRIES FROM TIME TO TIME REGARDING APPLIED FOR AND CONSENT TO THE DISCLOSURE OF ANY INFORMATION TO ANY CREDIT OPERATING AGENCY OR FIRM WITH WHOM THE UNDERSIGNED MAY HAVE FINANCIAL DEALINGS. PAYMENT AND DELIVERY TERMS HAVE BEEN EXPLAINED.

Print Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE RETURN THE COMPLETED DOCUMENT TO THE CUSTOMER SERVICE DEPARTMENT