



Credit Application

165 Matheson Blvd. East * Unit 11 * Mississauga, ON L4Z 3K2
 Tel: 905-602-0888 • Fax: 905-602-0777 • Toll Free Canada 1-888-459-8181
 Web site: www.stampedecanada.com GST # 87066 1758 RT

Sales Rep: _____

Applicant	E-mail
Business Name (If different from Applicant Name)	Phone
Address	Fax
City Province	Postal Code
Nature of Business	Date Started

Check One:

- Proprietorship
- Partnership
- Corporation
- Limited Liability Co.
- Other

Credit Limit Requested \$ _____

Terms Requested: **Must Check One** Open-Net 30 Credit Card – See below
 Prepayment – Company Check /Certified Funds

Credit Card Information: Check One Visa MasterCard

Card Number: _____ Expiration Date _____ Name on Card _____

* An Alternate Payment Fee will be added to each order of 2% for Visa/MasterCard and 3% for American Express.

I authorize Stampede Presentation Products (Stampede) to charge purchases of product to the above credit card. This authorization will remain in effect until written notice of cancellation is received by Stampede.

Print Name: _____ Billing address for Card holder: _____

City, State, Zip: _____

Signature: _____ Date: _____

Suppliers / Trade References (related industry purchases during past 12 months)

Name	Phone	Fax
Acct #		
Name	Phone	Fax
Acct#		
Name	Phone	Fax
Acct#		

**Purchase Orders
Required**
D & B #
Experian #

BANK REFERENCES

Name	Transit - Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan
Address	City	Province	Postal Code	Phone Fax
Name	Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Loan
Address	City	Province	Postal Code	
Phone	Fax			

KEY COMPANY CONTACTS

Accounts Payable:
Controller/VP Finance:
Sales Manager:
Purchasing Manger

NAMES OF OWNER (S), OFFICER (S) OR PERSONS RESPONSIBLE FOR ACCOUNT

Name, Home Address	Phone #	Title (If Corporation)	E-mail

Indicate your company's primary business:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Aggregator/Master Reseller | <input type="checkbox"/> Exporter | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Technical Service/Support VAR |
| <input type="checkbox"/> Buying Group | <input type="checkbox"/> Franchisee/Affiliate | <input type="checkbox"/> OEM | <input type="checkbox"/> VAD |
| <input type="checkbox"/> Corporate Reseller | <input type="checkbox"/> Franchiser | <input type="checkbox"/> Rental | <input type="checkbox"/> VAR |
| <input type="checkbox"/> Direct Marketer | <input type="checkbox"/> Interconnect | <input type="checkbox"/> Retail | |
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Internet Service Provider | <input type="checkbox"/> Systems Integrator | |

Indicate your company's annual purchases through distribution: _____

Indicate the number of employees your company employs: _____

Of these employees, how many are:

Administration: _____ Management: _____ Sales: _____
Professional Service: _____ Warehouse Operations: _____
Field Service: _____ Purchasers: _____

Indicate how many locations you have: _____

Indicate which method of marketing correspondence you would like to receive:

- Mail Fax Email None

Indicate your company's primary markets:**Markets**

- | | | |
|---|--|--|
| <input type="checkbox"/> Education/Academic | <input type="checkbox"/> Gov't Local | <input type="checkbox"/> Small Business (1-100 employees) |
| <input type="checkbox"/> Fortune 1,000 | <input type="checkbox"/> Gov't Federal | <input type="checkbox"/> Small Office/Home Office |
| | | <input type="checkbox"/> Mid Size Business (100 – 1,000 employees) |

Vertical

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounting/Banking/Financing | <input type="checkbox"/> Entertainment/Recreation/Hospitality | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Aerospace | <input type="checkbox"/> Healthcare/Medical/Dental/ Pharmacy | <input type="checkbox"/> Publishing/Printing |
| <input type="checkbox"/> Business/Office | <input type="checkbox"/> Home Entertainment | <input type="checkbox"/> Pos |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Insurance/Real Estate | <input type="checkbox"/> Transportation |
| | | <input type="checkbox"/> Utilities |

Indicate which products your company purchases most often:

- | | | |
|------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Pro Video | <input type="checkbox"/> Consumer Video | <input type="checkbox"/> Plasma |
| <input type="checkbox"/> Pro Audio | <input type="checkbox"/> Consumer Audio | <input type="checkbox"/> Projector |

Indicate the lines you currently purchase:

LCD Projector : Distributor Direct Both
 Infocus/Proxima Optoma Hitachi LG NEC Sanyo _____

Plasma Monitors : Distributor Direct Both
 Sony Hitachi Pioneer LG NEC Other _____

Indicate the sales method your company uses most often:

- Catalog /Advertising Online/WWW Outside Sales Inside Sales/Telemarketing

APPLICATION FOR CREDIT

THE INFORMATION REQUESTED ON THIS APPLICANT IS FOR THE PURPOSE OF OBTAINING CREDIT ACCOUNT PRIVILEGES FROM STAMPEDE PRESENTATION PRODUCTS, INC. (“STAMPEDE”). APPLICANT AND ANY GUARANTORS FOR THEMSELVES AND THEIR OFFICERS AND/OR MEMBERS AUTHORIZE STAMPEDE TO CONDUCT ANY INVESTIGATIONS DEEMED NECESSARY TO AUTHORIZE OPENINGS OR CONTINUATION OF THE ACCOUNT INCLUDING CREDIT INVESTIGATIONS OF THE APPLICANT, GUARANTORS, OFFICERS AND/OR MEMBERS OR PARTNERS OF THE APPLICANT.

It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Terms of Sale, including price, terms of payment and charges, for each purchase are agreed to be those specified on the face of each invoice. The above information is willingly supplied and Stampede is authorized to contact the above bank and trade references in order to establish the creditworthiness of the above named company. If applicant is not a corporation or is a newly formed corporation or under new management, then Stampede is authorized to obtain credit reports about proprietors, partners or principles. Should credit availability be granted by Stampede, all decisions with the respect to the extension or continuation shall be in the sole discretion of Stampede. Stampede may terminate any credit availability within its sole discretion. We further agree that if the merchandise ordered shall remain past the due date, it shall bear interest at the rate of 1.5 % per month until paid. In the event that any suit or action is instituted to collect money due on our account, whether principal or interest, or both, we agree to pay, in addition to the amount owed, all costs of collection or legal fees in an amount equal to 25% of principal balance should applicant not make payment pursuant to Stampede’s terms. Any legal suits may be commenced in the Province of Ontario and the undersigned waives any right to a trial by jury. Any disputes to any charges must be registered in writing within 5 business days from receipt of any invoice I have read the above conditions and hereby agree to them.

Signed _____ Title (If Corporation) _____ Date _____

(*Must be signed by an officer of corporation or owner for application to be processed)

Stampede Presentation Products will require the following form(s) in additional to the signed credit application to activate your account:

<u>Province</u>	<u>Provincial Requirement</u>
Alberta	Business License/ Certificate of Incorporation/ Provincial Registration
British Columbia	Provincial Sales Tax Exemption Certificate
Manitoba	Certificate of Registration
New Brunswick	Certificate of Registration
Newfoundland	Certificate of Registration
Nova Scotia	Certificate of Registration
Ontario	Vender Permit and/or Blanket Exemption Certificate Form
P.E. I	Certificate of Registration
Quebec	TVQ (Taxe de vente de Quebec)
Saskatchewan	Ministry of Finance License

***** CURRENT YEAR-END FINANCIALS STATEMENTS ARE REQUIRED FOR NET TERMS *****

Financial statements must include a balance sheet and income statement. Unaudited financial statements must be signed and dated by the Company’s Owner/Officer
The statement’s time period must be indicated.