

Credit Application

with

ECCO Heating Products Ltd.
(Personal and Confidential)

For the use of

ECCO Heating Products Ltd.
and Subsidiaries



Registered Legal Business Name _____

Operation Name _____ Any Other Branches or Affiliates _____

Trade Style _____ Nature of Business _____

Phone _____ Fax _____ Cell _____

Email _____ Website _____

Invoice Address _____

City _____ Province _____ Postal Code _____

Shipping Address: ☐ Same as Above, OR _____

City _____ Province _____ Postal Code _____

Business Type: ☐ Corporation (*Ltd. Company*) ☐ Proprietorship (*Not A Ltd. Company*) ☐ Partnership (*More Than One Proprietor*)

Business Commenced on (Month/Year) _____

Principals Are:

1.

Name	Title	Date of Birth (D/M/Y)	SIN	Phone
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Home Address	City	Province	Postal Code
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2.

Name	Title	Date of Birth (D/M/Y)	SIN	Phone
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Home Address	City	Province	Postal Code
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3.

Name	Title	Date of Birth (D/M/Y)	SIN	Phone
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Home Address	City	Province	Postal Code
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Are any principals of this company involved in any other business venture? ☐ Yes ☐ No

If Yes:

Principal Name _____ Name of Other Business _____

Principal Name _____ Name of Other Business _____

If proprietor or business in operation for less than two years complete the following:

Previous Employer Name	Position	Length of Time
Address	City	Province
Date of Birth	SIN	Phone
Reason for discontinuing business or terminating employment:		Fax

Any involvement in previous bankruptcies or dissolutions: ☐ Yes ☐ No

Answer "NO" if you (1) were previously bankrupt, but were discharged from bankruptcy more than six years ago; and (2) have been bankrupt not more than once.

Tax Exemption No. (if applicable) _____

Credit References (Present suppliers in the same industry):

Company	Contact Name and Info	Phone	Fax	Email
Company	Contact Name and Info	Phone	Fax	Email
Company	Contact Name and Info	Phone	Fax	Email

Bank Name _____ Bank Address _____

Name in which applicant maintains bank account _____

Bank Account Number _____ Bank Branch _____

Do you have an operating line of credit? ☐ Yes ☐ No

Bank Account Manager _____ Phone _____

Do you: ☐ Own ☐ Rent ☐ Lease Building

Landlord's Name and Address _____

Last Financial Statement ☐ Enclosed ☐ Not Available Until _____

Accounts Payable Name _____ Phone _____

Do you require a P.O. Number? ☐ Yes ☐ No Prices on Picking Tickets? ☐ Yes ☐ No

Returns are subject to 20% restocking charge.

Indemnity

_____(The Indemnitor) agrees to be jointly and severally liable with the applicant, as if the indemnitor were a co-applicant hereunder, for all obligations of the applicant to ECCO™ arising from the applicant's purchase of goods and/or services including, without limitation, the cost of any efforts to collect overdue accounts. The Indemnitor agrees that this is a continuing indemnity and that ECCO™ shall not be obliged to take recourse against the applicant before being entitled to claim against the Indemnitor. The Indemnitor's liability hereunder shall not be affected or released by any dealings between ECCO™ and the applicant, whether or not known or consented to or by the Indemnitor.

Signature Of Indemnitor_____
Date (Day/Month/Year)_____
Witness**Guarantee**

In consideration of ECCO™ selling goods on credit from time to time to the applicant, the Guarantor(s) hereby (jointly and severally if more than one) personally guarantee to ECCO™ payment of all obligations now, or which may hereafter become due from the applicant to ECCO™ arising from the applicant's purchase of goods and/or service including, without limitation, the cost of any efforts to collect overdue accounts. This shall be a continuing guarantee which shall not be terminable by the Guarantor except with respect to future obligations, and then shall be given to ECCO™ in writing. This guarantee shall not be affected or released by any dealings between ECCO™ and the applicant, including without limitation compromises, modification of credit terms, or surrender of security.

Signature Of Guarantor_____
Date (Day/Month/Year)_____
Witness**Terms of Sale for Goods or Services or for the Extension of Credit**

I/We (the "Applicant") affirm the information in the Application is correct that the Applicant has not omitted or misstated any information or facts which are reasonably necessary to assist ECCO™ in assessing the credit worthiness of the Applicant, knowing that ECCO™ will be relying on such information or facts. The Applicant understands that the terms of sale call for payment in full of all accounts within 30 days of statement date and the Applicant understands that if an account is not paid in full within 30 days, the cost of the goods sold or services provided shall increase at the rate of 1% compounded monthly (13.4% per annum). Credit may be suspended or cancelled by ECCO™ at any time and ECCO™ may demand payment and immediately commence collection proceeding in respect of credit extended at any time. In addition to any amount invoiced, and any interest accruing thereon, the Applicant agrees and promises to pay ECCO™ any and all costs, charges, liabilities, or other financial obligations, including solicitor and his own client costs on full indemnity basis that may be incurred by ECCO™ in collecting payment of the Applicants indebtedness, obligations and liabilities to ECCO™. All amounts to be paid now or at any time hereafter by the Applicant to ECCO™ for credit extended shall be made without set-off, counterclaim or deduction of any kind (at law or in equity). This Application shall be governed by the laws of the province where the Applicant resides.

The purchaser is required to notify ECCO™ in writing within 30 days of any principal or corporate structure changes.

Consent to Provision and Use of Personal Information

The applicant and Indemnitor (Guarantor) authorize ECCO™ to investigate, and make inquiries and collect information concerning, their respective business and/or personal credit with credit reporting agencies, banks, other creditors, and any institution with whom the applicant or Indemnitor (Guarantor) has conducted business, and report to credit reporting agencies, and share with banks and other creditors of the applicant or Indemnitor (Guarantor), information concerning their creditworthiness, but to make no other use of such information and except as permitted hereunder, to keep such information confidential.

The Above Terms are Agreed to by:

Applicant Business Name_____
Per_____
Authorized Signature_____
Date (Day/Month/Year)_____
Print Name_____
Title

I have authority to bind the Applicant.