

INSTRUCTIONS FOR ACCOUNT/CREDIT APPLICATION

- **For a charge account all information must be filled in including 3 trade references, and bank information**
- **For a cash account trade references and bank information may be omitted**
- **To speed processing, application may be faxed back to 905-738-5244. Do not email your application as you will send confidential information over a public insecure network.**
- **We must receive the ORIGINAL form before a charge account will be opened.**
- **Only fill out the PST form if your purchases are PST exempt.**

Thank you



VAUGHAN AUTOMOTIVE SUPPLIES

A Division of 833730 ONTARIO INC.

237 Romina Drive, Unit 1, Concord, Ontario, L4K 4V3

Telephone (905) 738-2255 Fax (905) 738-5244

CREDIT APPLICATION

Business Name:					
Address:					
City:	Prov:	Postal Code:			
Phone:	Fax:	GST Number:			
Mailing Address (If different than above)					
Nature of Business:	How Long in Business:	PST Number:			
Credit Limit Requested:	Do you require the use of Purchase Orders?				
Type of Business:	Corporation	Sole Proprietor	Partnership	Franchise	Other
WHO ARE THE OWNERS?					
Name:			Phone:		
Address:					
Name:			Phone:		
Address:					
Name:			Phone:		
Address:					
TRADE REFERENCES					
Name:			Phone:		
Address:					
Name:			Phone:		
Address:					
Name:			Phone:		
Address:					
BANK INFORMATION					
Name:			Phone:		
Address:					
Contact:			Account Number:		

TERMS AND CONDITIONS

I, the undersigned, declare that all information in this Credit Application is true and accurate, and that I am authorized to request a charge account at Vaughan Automotive Supplies. I agree and consent to authorize Vaughan Automotive Supplies to obtain from any credit reporting agency or another source, such information as Vaughan Automotive Supplies may deem appropriate, at any time in connection with the credit hereby applied for. I acknowledge that I am jointly and severally liable for all purchases and/or services requested from Vaughan Automotive Supplies under my own name, trade name, or corporate name.

Signed At _____ this _____ day of _____, 20_____.

Print Name

Signature

**ONTARIO RETAIL SALES TAX
PURCHASE EXEMPTION CERTIFICATE**

Blanket

Date: _____

Business Name: _____

Name of Person Authorizing the Purchase: _____

Business Address: _____

Vendor Permit / IRP Cab Number (if applicable): _____

Reason for Claiming Exemption: _____

I am claiming the following exemption from Ontario retail sales tax under the provisions of the *Retail Sales Tax Act* on the purchase of taxable goods, taxable services, contracts of insurance or benefits plan:

- Taxable Goods or Taxable Services Purchased for Resale
- Machinery, Equipment, and/or Processing Material Purchased for Manufacturing
- Equipment, Tools, and/or Machinery used by a Person Engaged in Farming or Fishing
- Insurance/Benefit Plan
- Religious, Charitable and Benevolent Organization
- Hospital Equipment
- Identity Card Type and Number _____
- Other (please state exemption) _____

IMPORTANT

The person buying the taxable goods or taxable services, or entering into a contract of insurance or benefits plan for which an exemption is claimed must complete this certificate and give it to the supplier. The supplier is to keep this form as stated in the regulations.

Every person who makes a false statement on a Purchase Exemption Certificate or misuses the certificate is liable, if convicted, to a fine of not less than \$1,000 and an amount of not more than double the amount of the tax that should have been paid, or that was evaded, or to imprisonment for a term of not more than two years, or both.