



170 Zenway Blvd unit#2  
 Woodbridge, ON L4H 2Y7  
 Fax: (905) 850-1722

### CCBD CUSTOMER ACCOUNT/CREDIT APPLICATION

Customer Legal Name:			Years in Business
Customer Trade Name:			
Address			
City	Province	Postal code	
E-mail	Phone No.	Fax No.	
Nature of Business			A/P contact
Vendor permit No.(P.S.T): _____ <b>(Required for all customers for wholesale account)</b>			Is this location the head office or a branch
Franchise	Proprietorship	Partnership	Ltd. Co      Other

**Address where Invoice/Statement is to be submitted if different than above.  
 (Please list all branch/subsidiary office names and address on a separate list)**

Name		Address	
City	Province	Postal Code	
Telephone No. (      )		Fax No. (      )	

**Name of Principals /Owners**

**Title**

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**Banking/Credit Information**

**(Only accounts active for 12 months or more will be considered for an open account.)**

Bank Name:	Branch Address:		
Contact:	Phone # :	Fax # :	
How Long doing business with Bank	Any NSF Chques:		
Account #	Account Type:		
Credit Card:	Exp:		
Name on Card #	Security Code:		
Credit Card:	Exp:		
Name on Card #	Security Code:		

**CREDIT REFERENCES (Supplier presently extending credit to you.)**

Tel # ( )

Fax # ( )

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Tel # ( )

Fax # ( )

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Tel # ( )

Fax # ( )

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**CCBD REQUIREMENT**

To become a Certified Classic Bodies Dealer, your business needs to meet the following requirements to insured the highest quality service to retail consumer. It is our minimum standard to name you as a GLA CCBD and promote your business in your area. GLA will only accept minimum CCBD in each city across Canada. The requirements to become a GLA Certified Classic Bodies Dealer are as follows:

1. Minimum stock order for 3 bodies of your choice when you sign up as a GLA CCBD
2. Minimum stock of 1 body of your choice at all time for direct referral of retail customers in your area.
3. Proven track record of professional quality ground up projects with referral from customers.
4. Must be able to provide in house “turn key option” for referred retail customer.
5. Provide retail customer professional service and warranty work in the event of body adjustments as per GLA approval.
6. All business must be conducted in a legal and above board manner. GLA reserves the right to terminate this agreement and disqualify any CCBD approved dealer as needed.

**CREDIT TERMS AND CONDITIONS**

For the purpose of processing this application the undersigned hereby authorized GOLDEN LEAF AUTOMOTIVE to investigate the applicant’s credit experience of the business and principle owners, through suppliers, banks and other institutions with whom the applicants has conducted business, and to allow GOLDEN LEAF AUTOMOTIVE to obtain report from credit reporting agencies.

Upon approval of this application by the Credit Manager for GOLDEN LEAF AUTOMOTIVE. Credit privileges will be extended to the applicant subject to the following terms and conditions:

1. Credit terms are net 10 days from date of invoice.
2. NSF cheque will be charged a NSF FEE of \$20.00 each.
3. Interest charges of 3% per month will be levied on overdue invoices.
4. Failure to comply with credit terms could result in termination or disruption of service to you.
5. Delinquent accounts are subject to cancellation without notice with subsequent third party action.
6. It is hereby understood and agreed to that these terms/conditions be altered in any way, this application will be declined.
7. It is understood that the Credit References provided above may be used to determine the credit worthiness of Customer.
8. It is understood by the Customer that the Credit Terms / Condition stated herein apply to all business between customer and GOLDEN LEAF AUTOMOTIVE

9. In the event that delinquent account is placed with a licensed collector for collections; the applicant agrees to pay the amount of delinquent account, interest and the collection fees equal to 35% of the delinquent amount.

The above Terms and Conditions are agreed to:

By: \_\_\_\_\_ Position: \_\_\_\_\_  
Print Name, Title & Official Signature of Signing Officer

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>GOLDEN LEAF AUTOMOTIVE USE ONLY</b>	
Account Type:	Account #:
<input checked="" type="checkbox"/> Payment Type:    COD ___ PREPAID ___ NET 10 <sup>TH</sup> ___	Sales Rep:
Entered Date:    /    /    _____	Credit Approve By: _____