



Hands Fireworks
#601 - 245 Fairview Mall Drive
North York, Ontario, Canada, M2J 4T1

Phone: (800) 268-5034 ext.#5
Attn Nina Phan
email: bookkeeping@handsfireworks.com

Approval by: _____

Credit Amount: _____

Approval Date: _____

Signature: _____

APPLICANT

REGISTERED NAME (please print) _____

TRADE NAME: _____

BUSINESS ADDRESS _____

CITY _____ STATE / PROVINCE: _____

POSTAL / ZIP CODE: _____ PHONE NO: () _____

ACCOUNTS PAYABLE CONTACT: _____ FAX NO: () _____

SHIPPING ADDRESS (If different than above): _____ EMAIL: _____

TYPE OF BUSINESS: _____ Number of Years In Business _____

LEGAL FORM OF BUSINESS: Proprietorship 1. Premises: Owned

Partnership Rented

Corporation 2. Equipment: Owned

Rented

FEDERAL Tax I.D.# _____

IF APPLICANT IS A SUBSIDIARY, PLEASE PROVIDE NAME OF PARENT COMPANY: _____

PRINCIPALS

NAME: 1 _____ 2 _____

ADDRESS: _____

CITY / STATE (PROVINCE): _____

HOME PHONE: () _____ () _____

CREDIT INFORMATION

ARE FINANCIAL STATEMENTS AVAILABLE? YES NO EST. WEEKLY PURCHASES: \$ _____

BANK NAME: _____ BRANCH: _____

PHONE NUMBER: () _____ ACCOUNT NUMBER _____

FAX NUMBER: () _____ MANAGER / CONTACT: _____

TRADE REFERENCES

NAME: _____ CONTACT: _____

ADDRESS: _____ PHONE NUMBER: _____

CITY / STATE (PROVINCE): _____ FAX NUMBER: _____

NAME: _____ CONTACT: _____

ADDRESS: _____ PHONE NUMBER: _____

CITY / STATE (PROVINCE): _____ FAX NUMBER: _____

NAME: _____ CONTACT: _____

ADDRESS: _____ PHONE NUMBER: _____

CITY / STATE (PROVINCE): _____ FAX NUMBER: _____

CONDITIONS

The undersigned certifies that all information disclosed is correct, and agrees that all accounts to Hands Fireworks are due and payable within invoice terms.

Interest may be charged on accounts not paid in accordance with the terms extended.

The undersigned consents to the obtaining of such personal or credit information as the company may require at any time in connection with the credit hereby applied for, or any renewal or extension thereof; and further consents to the disclosure of any information concerning the undersigned to any credit reporting agency, or any person with whom the undersigned, has or proposes to have financial relations.

Signature of Applicant: _____ Date: _____

Signature of Sales Representative: _____ Date: _____