(FORM A)

ROOTS CORPORATION
1400 Castlefield Avenue
Toronto, Ont. M6B 4C4
(416) 781-3574

New Customer Credit Application

Please return via e-mail
lmoderate@roots.com

Name & Billing Address of Applicant

Legal Name	
Trade Name	
Street	
City	
Prov./State	
Country	

Tel #	
Fax #	
GST #	
PST Exemption #	
EIN# (US only)	
Postal/Zip Code	

Mailing Address (If Different from Above)

Street	
City	
Postal/Zip Code	
Prov/State	
Country	

Type of Business

Proprietorship	
Partnership	
Corporation	
Other	

Name & Addresses of Owners & Partners (if other than Corporation)

President Name	
CFO	
Purchasing Manager	
Sales Manager	

Telephone Number	
Telephone Number	
Telephone Number	
Telephone Number	

Other Company Information

Parent or Affiliated Co.'s	
Date Business Started	

Nature of Business	
Number of Employees	

Company Contact Information

Authorized Buyer	
Email Address	

Telephone Number	
Fax Number	

Company Contact Information

Accounts Payable	
Email Address	

Telephone Number	
Fax Number	

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Bank Reference

Bank	
Branch	
Address	

Account #	
Tel #	
Contact	

Trade References - To apply for terms 4 references are required.

(Please fill in all information completely)

Company Name	Contact Name	Telephone #	Fax #	E-mail address
1.				
2.				
3.				
4.				

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I/We hereby represent that I/we are authorized to submit the application on behalf of the customer named above, and that the information provided for the purpose of obtaining credit is warranted to be true. I/we hereby authorize ROOTS CORPORATION to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection, legal, and interest may be charged to my company in the event of default or failure to pay for goods or services rendered. I/we further represent that the customer applying for the credit has the financial ability and willingness to pay for all invoices within established credit terms.

I/we, the undersigned, authorize ROOTS CORPORATION to obtain and/or personal information with Credit Grantors and Credit Reporting Agencies for the purpose of establishing or verifying my/our financial standing and/or that of the company.

Name	Signature	Title	Date
Name	Signature	Title	Date

OFFICE USE ONLY				
Contact		Title		Telephone
Credit Limit 1			Sales Rep #	
Approval			Customer #	

Other Note