

You have agreed to the following Terms as stated in your Application

I understand that **payment terms are net 30 days from the invoice date** and interest will be charged at a rate of **1.50 per cent per month on all accounts not paid within 30 days**. Any dishonored cheques are subject to a \$35.00 fee. I also understand that True North Distributors Ltd. reserves the right to revoke credit privileges at any time. In the event that my account goes to collections, I agree that I will be responsible for any charges incurred by True North Distributors Ltd. including, but not limited to, a **\$200.00 administration fee if my account goes to a collections agency plus any and all legal fees incurred**.

I hereby authorize that any information required to process my credit application be released to the Credit Manager of True North Distributors Ltd.

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

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

Print Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

**PLEASE SIGN AND FAX BACK TO 519-332-3305**

**FOR OFFICE USE ONLY**

**ACCOUNT NUMBER:**

**APPROVAL**

**DATE**

Please retain this document for future reference.

If you have any questions or concerns please contact me,

Carol-Mgr True North

We look forward to meeting your needs and thank you for choosing True North Distributors.