

**HTA PRODUCTS INC.**

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# CREDIT APPLICATION FORM

PRINCIPAL / OFFICER				
NAME FIRST LAST MIDDLE			TITLE	
BUSINESS INFORMATION PLEASE COMPLETE IN FULL				
LEGAL BUSINESS NAME			PHONE No.	
D.B.A. NAME			FAX No.	
ADDRESS				
APT./ UNIT#	STREET	CITY	PROVINCE	POSTAL CODE
BILLING ADDRESS (If different from above)				
APT./ UNIT#	STREET	CITY	PROVINCE	POSTAL CODE
E-MAIL ADDRESS		PST No.	GST No.	
YEARS IN BUSINESS	TYPE OF BUSINESS	MAX. CREDIT REQUIRED	HAVE YOU OR ANY AFFILIATE HAD CREDIT WITH US BEFORE <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name_____	

Please read and sign the terms and conditions on the following page.

Terms and Conditions of sale

1. Possession of this application does not constitute an offer to sell by HTA Products Inc. or the right to purchase from.
2. No merchandise will be accepted for credit without prior authorization from our office. A restocking charge will be assessed on returned goods.
3. All orders are subject to acceptance by HTA Products Inc. and we reserve the right to release materials should an account exceed any established credit limit, or not meet our terms and conditions' of sale and payment.
4. Open account terms are NET 30 DAYS. A late charge of 1.5% per month or the highest rate allowed by law may be billed to accounts with unpaid balance of 30 days or more. C.O.D. terms are net upon delivery.

I understand that credit will not automatically be granted and is offered ONLY as the discretion of HTA Products Inc. In the event of non-payment, the undersigned hereby agrees to pay all collection fees incurred by the SELLER and reasonable attorney's fee. The undersigned hereby warrants and certifies to HTA Products Inc. that he or she is an authorized officer of the applicant company and has authority to execute this application. All disputes, claims and controversies arising from or relating to this agreement, or the relationships and resulting from this arbitration. In the event of suit, venue will be at the sole discretion of HTA Products Inc. I agree to immediately notify HTA Products Inc. in writing, of any changes in ownership of said business.

By signing here you are agreeing to be a personal guarantor. I personally guarantee payment of this account as set forth above on behalf of my marital community.

PRINT NAME	TITLE	DATE	SIGNATURE
PRINT NAME	TITLE	DATE	SIGNATURE

**BANK REFERENCES**

COMPANY NAME	ADDRESS	ACCOUNT No.	BANK OFFICER	PHONE
COMPANY NAME	ADDRESS	ACCOUNT No.	BANK OFFICER	PHONE

**TRADE REFERENCES**

COMPANY NAME	ADDRESS	ACCOUNT No.	BANK OFFICER	PHONE
COMPANY NAME	ADDRESS	ACCOUNT No.	BANK OFFICER	PHONE

The person signing this application certifies that all of the information contained in this application and any attachments are true and correct to the best of their information, knowledge and belief HTA Products Inc. is authorized to obtain any information it considers necessary from any source concerning the statements in this application. Service charges may be assess for late payments.

PRINT NAME	TITLE	DATE	AUTHORIZED SIGNATURE
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Credit Card Authorization

I, the undersigned, hereby HTA Products Inc. to use the following credit card to bill me for COD purchase of materials, equipment and / or direct payments to my account with HTA Products Inc. I agree to authorize HTA Products Inc. to bill my credit card for any additional charges at a later date, in the event of an undercharged transaction. I further agree that my liabilities for these charges are not waived and agree to be held personally liable for the full amount of the charges in the event that the delivery is received by a person or company other than me.

CARD TYPE <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX	CARDHOLDER NAME	CARD NUMBER	EXP. DATE /	CARDHOLDER'S SIGNATURE
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**FOR INTERNAL USE ONLY**

NAME OF SALESPERSON		BRANCH		
ACCOUNT No.	CREDIT AMOUNT	DATE	APPROVED BY	INITIAL