



# M&M TWINS LIMITED

Importers & Wholesale Distributors of  
Quality Food Products

COMPANY PRINCIPLE RESPONSIBLE FOR BUSINESS TRANSACTIONS (MAIN POINT OF CONTACT)			
NAME:	TITLE:	ADDRESS:	TELEPHONE
BUSINESS INFORMATION/DESCRIPTION OF BUSINESS			
NAME OF BUSINESS:	TYPE OF BUSINESS:	Date business commenced:	How long at current Address:
LEGAL NAME (IF DIFFERENT):	P.S.T EXEMPTION:	MONTHLY CREDIT REQUIREMENT	
Address:			
City:	Prov:	Postal Code:	Telephone #
Fax #	email Address:	Vender Permit #	
PLEASE CIRCLE ONE			
Sole proprietorship	Partnership	Corporation	Other: _____
Sin # (if Sole proprietorship)		Drivers Lic #(if Sole proprietorship)	
TRADE REFERENCE			
1.	NAME:	ADDRESS	TELEPHONE#
2.	NAME:	ADDRESS	TELEPHONE#
3.	NAME:	ADDRESS	TELEPHONE#
BANK REFERENCES			
BANK NAME:		BRANCH #	
ADDRESS		TELEPHONE#	City:
Prov:	Postal Code:	LINE OF CREDIT ESTABLISHED	
Type of account	Account number		
AGREEMENT			
I, the Undersigned declare that the information supplied in the Credit Form is accurate and that I am authorized to request a charge account. Furthermore by signing this credit form I authorize M&M Twins Ltd. to contact the bank and business/trade references supplied to obtain information for credit purposes as well as other information deemed appropriate in connection to the credit hereby applied for. I ACKNOWLEDGE THAT I AM LIABLE FOR ALL PURCHASES AND/OR SERVICES REQUESTED FROM M&M TWINS LTD. UNDER MY OWN NAME, TRADE NAME OR CORPORATE NAME. I ALSO AKNOWLEDGE AND AGREE TO ADHERE TO M&M TWINS' TERMS AND CONDITIONS OF SALE. (NO RETURNS ACCEPTED WITHOUT OUR WRITTEN CONSENT. NO REFUNDS OR EXCHANGE AFTER 10 DAYS OF INVOICE. OVERDUE ACCOUNTS SUBJECT TO A SERVICE CHARGE OF 2% PER MONTH, 24% PER ANNUM AND OWNERSHIP OF GOODS REMAIN WITH M&M TWINS LIMITED UNTIL THE PURCHASE IS PAID IN FULL.)			
SIGNATURES			
APPLICANT		WITNESS	
Name:	Date:	Name:	Date:
Signature:		Signature:	

100 DYNAMIC DRIVE, UNIT 18 & 19, SCARBOROUGH, ONTARIO, CANADA, M1V 5C4  
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