



**RANDOLPHS
and
ROGERS**

**CANADIAN HOBBY
DISRIBUTORS**

**FAX (416) 421-7441
TEL (416) 421.7286
E-mail: hobbies@total.net**

2188 Danforth Ave., Toronto, Ontario M4C 1 K3 Canada

CUSTOMER CREDIT APPLICATION FORM

Date: _____

For the purpose of purchasing merchandise from RANDOLPHS AND ROGERS, the wholesaler, the undersigned hereby submits the information substantiating that the facts stated hereon are true in every respect. The buyer is engaged legally in the resale of such goods. The undersigned officers or partners assumes the liability for the firm represented hereon in the event of the firm failing to meet its obligations. It is further understood that this in no way obligates or commits RANDOLPHS AND ROGERS to sell the herein mentioned firm All payments will be made in accordance with invoice terms applicable to each purchase.

General Information

Firm/Store/Trade Name in Full: _____
 Address: _____
 City _____ Prov. _____ Postal Code _____
 Telephone # _____ Fax # _____ E-Mail Address _____

Business Information

Individual Partnership Corporation

Nature of Business _____
 Date business established _____ Business Hours _____
 # of Employees _____
 We are a branch division subsidiary of _____
 Type of Store
 Model Train Shop Model Hobby Shop Hobby & Craft Shop
 Toy & Hobby Shop Toy & Gift Shop Other: _____

Describe Location (ie shopping center, strip center, etc): _____

Size _____ sq ft. Frontage _____ ft. Have been in the present location since _____

***Your application will not be processed without visual proof in the form of 2 photographs, one showing the outside of your store and one showing the inside.**

Name of Owners, Officers, Proprietor, Partners	Title	Home Address
		Phone # _____
		Phone # : _____
		Phone # : _____

Credit Information

Name & Address of Principal Bank _____

Type of Account _____ Account # _____
 Other Banking information- _____

GST # _____ Vendor Permit # _____
 Approximate amount of monthly credit required \$ _____

List three Principal Suppliers from whom you make a majority of our business purchases

Name of Supplier	Address in full	Credit Arrangements in Place
Contact :	Phone # _____	
Contact :	Phone # _____	
Contact :	Phone # _____	

I/We authorize you to conduct personal investigation(s) and/or credit checking(s) with the understanding that it will be used by you in strictest confidence.

Signature: _____ Date: _____

Title: _____