



PERSONAL CREDIT APPLICATION

Note: Once completed, please submit to the office or email to ar@mavesmartin.com.

1 st Applicant	2 nd Applicant	
Last Name: _____	_____	
First Name: _____	_____	
Telephone: _____	_____	
Email Address: _____	_____	
Date of Birth: _____	_____	
Mailing Address: please circle: Own or Rent		
Street Address: _____		
City/Province/Postal Code: _____		
Employer: _____		
Time employed at current job: _____		
<u>Personal/Financial References</u>		
Name/Company	Phone Number	Years Known/Years Doing Business

Terms of Credit must be signed and dated on the next page in order to obtain credit. There are also additional questions to answer on the succeeding pages.

Terms of Credit:

All merchandise must be paid for in full within 30 days of date of each invoice, failing which, a service charge will be levied at the rate of 2% per month (24% per year) on all overdue invoices.

The undersigned purchaser agrees to provide notice in writing to **MAYES MARTIN LIMITED** of any change in account name, address, and status. Acknowledgment must be received by **MAYES MARTIN LIMITED** failing which, the Purchaser will continue to be responsible for all account and service charges.

The undersigned consents to the obtaining of credit and/or personal information required at any time in connection with this agreement or any renewal or extension thereof and to the disclosure of any credit information concerning the undersigned to any credit reporting agency and to any person with whom the undersigned has or proposed to have financial relations. The undersigned also consents to the collection and use of personal information in accordance with the Personal Information Protection and Electronic Documents Act.

Date: _____ Signature: _____ Print Name: _____

A) For Home Heating and Delivery Accounts Only:

FURNACE OIL CUSTOMERS PLEASE NOTE: Government laws require you to provide a copy of a two-page comprehensive inspection report (for the furnace and the fuel tank) completed and signed by a licensed burner technician before a delivery can be made to your tank.

Delivery Address: _____

Fill Pipe Location: _____

Tank Information: Please Circle: **Own** or **Rent** **Furnace Oil** or **Propane**

If rent: Landlord Name: _____

Landlord Address: _____

Previous Supplier: _____ **Date Last Filled:** _____

Please Circle: **Automatic Delivery** or **Will Call**

Please indicate the date you would like your first delivery: _____

Would you like information on Equal Billing? **Yes** or **No.** (starts in August Each Year)

Note: Automatic Debit Available for Equal Billing and/or full statement balance. Please ask for form.

Do you have a dog? **Yes** or **No** **Is it friendly?** **Yes** or **No**

Emergency Contact: (Neighbour, friend, or relative)

Name: _____ **Relation:** _____

Phone Number/Email: _____

B) For Cardlock Customers Only:

PLEASE NOTE: Cardlock facilities are only available in Barrie and Orillia.

Number of cards required: _____

Name for Card (this will show up on your statement): _____

Pin Number: _____ **Same pin for all Cards?** Yes or No

If no, please let us know when you pick up your cards and we will change the pin accordingly.

Type of Fuel Required: (please circle all that apply)

Clear Diesel Coloured Diesel Gas DEF All Products

Payment Options

Mayes Martin offers multiple payment options including E-transfer, Cheque, Automatic Debit, Online banking (available through most financial institutions), credit card (EXCLUDING American Express), or cash.

Automatic debit: Please provide a void cheque, drawn on the 16th of each month OR complete credit card information below.

Credit Card Number: _____ **Expiry** _____ **CVV:** _____

Name on Credit Card: _____

NOTE: Full balance will be automatically pulled on the 5th of the following month (not for visa/debit cards).

Date: _____ **Signature:** _____

Thank you for choosing Mayes-Martin Ltd. We look forward to providing you with the highest quality products and customer service.

Head Office: 150 Vespra Street, Barrie ON, L4N 2G9 **Phone:**(705) 728-5027 **Fax:** (705) 739-9235
Orillia: 379 West Street South, Orillia ON L3V 5H1 **Phone:** (705) 325-2992 **Fax:** (705) 325-6539