



**PERSONAL
CREDIT
APPLICATION**

Note: Once completed, submit to office, return to your sales representative, or email to ar@mayesmartin.com.

	1 st Applicant	2 nd Applicant and/or Spouse
Last Name:	_____	_____
First Name:	_____	_____
Telephone:	() _____	() _____
Date of Birth:	_____	_____
Employer:	_____	_____
Employer Phone #:	() _____	() _____
How long at present employ:	_____	_____
Mailing Address: Please Circle: Own or Rent Email Address:	_____	
Rural Route/Fire #/St. Address/Box:	_____	
City/Province/Postal Code:	_____	
Previous Address (if at above address less than one year):	_____	
<u>Credit References:</u>		
Name of Firm/or Credit Card #	Address/Bank:	Phone #
1. _____	_____	() _____
2. _____	_____	() _____
Emergency Contact: (Neighbor, friend or relative) (not phoned for credit checks)		
Name:	Address:	Phone #
_____	_____	() _____

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.

Date: _____ Signature: _____ Print Name: _____

The undersigned Purchaser agrees to provide notice in writing to **MAYES-MARTIN LIMITED** of any change in account name, address and status. Acknowledgement must be received from **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 proposes 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:

PLEASE NOTE: Government laws require you to provide a copy of a two page comprehensive inspection report (for the furnace & fuel tank) completed and signed by a licensed burner technician before a delivery can be made to your tank. You may already have a copy on file that we can photocopy.

Physical Address: _____

Fill Pipe Location: _____

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

Previous Supplier: _____ Landlord Name: _____

Date Last Filled: _____ Landlord Address: _____

Landlord Phone: () _____

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? Please Circle: **Yes** or **No** If "yes" please indicate dog's name: _____

B) For Cardlock Customers Only:

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

of Cards Required: _____ Name for Card: _____ Pin # _____

Please Circle Type of Fuel Required:

Clear Diesel

Coloured Diesel

Gas

All Products

Payment Options

Cash, Money Orders or Cheques payable to Mayes-Martin Ltd. Online Banking is available through most financial institutions.

Automatic Debit and Pre-Authorized Credit are also available. Please provide a void cheque, drawn on 16th of each month or complete credit card information below.

Credit Card Authorization # _____ Exp: _____ CVV: _____

Full balance will be automatically pulled on the 5th of the following month.

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 St., Barrie, ON L4N 2G9

Phone: (705) 728-5027 Fax: (705) 739-9235

Orillia: 379 West St. South, Orillia, ON L3V 5H1

Phone: (705) 325-2992 Fax: (705) 325-6539

Midland: 401 William Street, Unit 1, Midland, ON L4R 2S7

Phone: (705) 527-7510 Fax: (705) 527-7545