



TOMCOM LINK CORP.

COMPUTER PRODUCTS DISTRIBUTOR

1353 BRITANNIA RD. EAST, MISSISSAUGA, ONTARIO L5R 1C7

TEL: (905) 565 9391

FAX: (905) 565 6386

Website: www.tomcom.ca

E-mail: info@tomcom.ca

PST & CREDIT APPLICATION FORM

Company Information

ATTN:

Legal Company Name:

Trade Name:

Type of business: Partnership Sole Proprietorship Corporation

Address:

City/Province:

Postal code:

Telephone:

Fax:

Web page:

E-mail

GST#:

PST#:

Years in Business

Yearly Sales:

Ownership

Name:

Telephone:

Home address:

City:

Postal Code:

Name:

Telephone:

Home address:

City:

Postal Code:

Bank Information (complete information is required)

Name of Bank & Transit #:

Address:

Contact:

Account No:

Telephone:

Fax:

Trade References (please provide 3 companies)

1. Company Name:

Telephone:

Contact

Credit Limit:

Payment Terms:

2. Company Name:

Telephone:

Contact

Credit Limit:

Payment Terms:

3. Company Name:

Telephone:

Contact

Credit Limit:

Payment Terms:

Marketing Information

Where did you hear of Tomcom Link Corp

Edited by Foxit PDF Editor
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Sales call:

Advertising:

Refereed by:

Canadian Computer Wholesaler:

Another Company:

Other:

Sales Contact:

Accounts Payable:

Purchasing Agent:

To be signed by Officer or Owner

All statements made herein are true and accurate to the best of our knowledge. We authorize Tomken Technologies Corp. to make any enquiries necessary for action on this credit application. We hereby indemnify Tomken Technologies Corp. and its agents from any liability resulting from their credit survey. The undersigned agrees to adhere to the payment terms and conditions as set by Tomken Technologies Corp. Tomken Technologies Corp. has the right to charge interest at 2% per month if payment is not received within the credit term set by Tomken Technologies Corp. If the account is sent to collection agency, the undersigned agrees to bear all the legal fees and recovery fees occurred. The ownership of the goods remains to Tomken Technologies Corp. even when the goods are in transit until all invoices are fully paid.

Signed by: _____

Title: _____

Our firm is financially able to meet any commitments we have made and we guarantee payment of invoices according to your terms. I, the undersigned, personally guarantee all charges made by the above company. Additionally, I agree to notify creditors of all changes in ownership and/or bulk transfer of assets.

Signed by: _____

Title: _____

Please return the completed form with a Void cheque and the sales exemption form at
Fax: 905-565-6386

Internal use only

Sales Representative responsible for this account: _____ Account#: _____

Credit Limit: : _____

Approved by: _____

Date: _____

ONTARIO RETAIL SALES TAX PURCHASE EXEMPTION CERTIFICATE

Blanket

Business Name:

Business Address:

Vendor Permit Number (if applicable):

Nature of Business:

Under the provision of the Retail Sales Act, the above -named business claims exemption from Ontario retail sales tax on the following goods or taxable services:

Signature of Authorized Person

Date

Name of Authorized Person

IMPORTANT

The person buying the goods or taxable service for which an exemption is claimed must complete this certificate and give it to the supplier.

The supplier is to keep this form as stated in the regulations.

This certificate is valid for four years for purchases of the above-listed goods or services if,

- (a) the box beside the word "blanket" at the top of the form is checked; and
- (b) the purchase order refers to this Purchase Exemption Certificate.

Every person who makes a false statement on this certificate or misuses this certificate is liable, if convicted, to a fine of not less than \$500 and not more than \$10,000, plus an amount of not more than double the amount of the tax that should have been paid or that was evaded, or to imprisonment for a term of not more than two years, or to both.