



M-S CASH DRAWER CANADA LP | 6355 Danville Road, Unit 9 | Mississauga, ON L5T 2L4

Phone: (866) 997-9912 Fax: (905) 565-9080
cansales@mscashdrawer.com

RESELLER APPLICATION (Net Terms & COD Only)

COMPANY INFORMATION

☐ Corporation ☐ LLC ☐ Partnership ☐ Proprietor ☐ Other

COMPANY'S COMPLETE LEGAL NAME (Print/Type)

DBA NAME

FEIN#

COMPANY WEBSITE

YEAR STARTED

PROVINCE OF INCORPORATION

MAILING ADDRESS

CITY

PROVINCE

POSTAL CODE

SHIPPING ADDRESS (If different than above)

CITY

PROVINCE

POSTAL CODE

PHONE NUMBER

FAX NUMBER

GST/HST NUMBER

CONTACT INFORMATION

PRINCIPLE OWNER NAME AND TITLE

ACCOUNTS PAYABLE NAME

PRINCIPLE OWNER PHONE

ACCOUNTS PAYABLE PHONE

PRINCIPLE OWNER FAX

ACCOUNTS PAYABLE FAX

PRINCIPLE OWNER E-MAIL ADDRESS

ACCOUNTS PAYABLE E-MAIL ADDRESS

BANK REFERENCE

BANK NAME

CONTACT

ACCOUNT#

PHONE #

FAX #

3 TRADE REFERENCES

NAME

ADDRESS

CONTACT

CITY/PROVINCE/POSTAL CODE

PHONE

FAX #

NAME

ADDRESS

CONTACT

CITY/PROVINCE/POSTAL CODE

PHONE

FAX #

NAME

ADDRESS

CONTACT

CITY/PROVINCE/POSTAL CODE

PHONE

FAX #

I hereby certify that the information listed above and/or attached is warranted to be true. I authorize M-S Cash Drawer Canada LP to request and collect the above bank and trade references to obtain credit information. Should credit be offered, applicant understands and agrees to pay all charges within payment terms as stated on each invoice. Should it become necessary to pursue any delinquent obligation, your Company agrees to pay all costs and fees expended or charged as part of the cost of recovery. At our discretion, interest will be charged on delinquent accounts at the rate of 1.5% per month. A faxed copy of the signature will be considered an original document.

Applicant Signature/Signing Officer

Date

Printed Name

Title

Applicant Signature/Signing Officer

Date

Printed Name

Title



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PAYMENT INFORMATION

TERMS REQUESTED

☐ COD CHECK ☐ NET 30 DAY TERMS ☐ OTHER, UPON APPROVAL

MONTHLY CREDIT LIMIT DESIRED \$

TO EXPEDITE PROCESSING FOR NET TERMS, PLEASE PROVIDE A COPY OF YOUR LATEST AUDITED
FINANCIAL REPORTS

BUSINESS INFORMATION

ANNUAL SALES VOLUME: NET PROFIT/LOSS:

CURRENT ASSETS: CURRENT LIABILITIES:

NO. EMPLOYEES:

BRIEF DESCRIPTION OF THE NATURE OF YOUR BUSINESS:

GUARANTEE AGREEMENT

This guaranty is given by the undersigned ("Guarantor") to M-S Cash Drawer Canada LP ("Creditor") to induce Creditor to extend credit to _____ ("Debtor"). Guarantor guarantees to Creditor the prompt payment of all obligations of the Debtor to Creditor. This is a continuing guaranty and will remain in force until revoked by Guarantor by giving notice in writing to Creditor. Revocation will be effective only as to transactions entered into after receipt of notice of revocation by Creditor. This guaranty covers the renewal of the debt guaranteed by this instrument or extensions of time for payment thereof. Guarantor agrees to pay on demand all sums due or to become due by Debtor to Creditor as well as attorney's fees and expenses incurred by Creditor by reason of Debtor's default.

Executed on _____ at _____
(Date) (City/State/Province)

Signature of Guarantor

Printed Name of Guarantor