



APPLICANT INFORMATION

Company Name:		
Current address:		
City:	Province:	Postal Code:
Tel #:		Fax:
Email:		
Web Site:		

COMPANY INFORMATION

Company est. date:	Business Type:
Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
Owner/President Name:	Tel #:
Vice President Name:	Tel #:
Accounts Payable Name:	Tel #:

*If established less than 2 years Please provide references below

Name:	Tel #:	
Address:	Fax:	
City:	Province:	Postal Code:
Relation:		
Name:	Tel #:	
Address:	Fax:	
City:	Province:	Postal Code:

BANK INFORMATION

Bank Name:		
Branch Address:		
Contact:		
City:	Province:	Postal Code:
Tel #:	Transit #:	Account #:



PERSONS AUTHORIZED TO REQUEST

Name:		Tel #:	
Email:		P/O : Yes / No	
Phone:	E-mail:	Fax:	
City:	Province:	Postal Code:	
Name:		Tel #:	
Email:		P/O : Yes / No	
Phone:	E-mail:	Fax:	
City:	Province:	Postal Code:	
Name:		Tel #:	
Email:		P/O : Yes / No	
Phone:	E-mail:	Fax:	
City:	Province:	Postal Code:	

BILLING AND INVOICING

A/P Contact name:	Tel #:
A/P Email:	Fax #:
Preferred method of invoicing: <input type="checkbox"/> Mail <input type="checkbox"/> Email	



Preferred method of Payment:

Credit Card (Charged according to contract agreement on the 15th and 30th)

Card Number: _____ - _____ - _____ - _____ Exp: __ / __ CVV/CVC _____

Mailed Invoice

Address same as current Alternate Address(see below)

ATTN:		
Address:		
City:	Province:	Postal Code:

Emailed Invoice

Email: _____

CREDIT AMOUNT REQUESTED

COD/PRE PAID \$500.00 \$1000.00 \$5000.00
 \$10,000.00 \$15,000.00 \$20,000.00

INTENT OF USE

*Check all that apply

Hours daily

4HRS(MIN) 8HRS >9HRS(overtime rates applies *1.5)

Duration Period

1-5 DAYS 2-4 WEEKS UNDETERMINED

Number of workers required

1-2 3-5 5-10 10+

APPLICABLE RATES



- Standard Rate \$24-\$28/ HR
- Weekend Rate x1.5 – Saturday & Sunday
- Overtime Rate x1.5 over 9 hrs. daily
- Overnight Rate + \$2
- Stat Holliday Rate x2.5

** A minimum of 4hrs per worker will be charged for cancelations with less than 4hrs notice**



TERMS AND CONDITIONS

****Please Read and Sign the attached Service Agreement and return with this form****

I (we) hereby acknowledge that the information collected in the Credit Application form is acquired by **Handyman Personnel** for the sole purpose of obtaining credit verification. All information gathered will be kept confidential.

I (we) authorize **Handyman Personnel** to conduct verification using outside sources of the information provided in this application form, and subsequently provided information. In the event of a claim; transmit the submitted and verified information to loss adjusters, lawyers and other similar offices for the purposes of investigating, defending, negotiating or settling any and all claims, as required. Should this application for Credit be accepted.

I (we) agree that if the information supplied on this credit application changes I will provide Handyman Personnel with the updated information without delay.

I (we) declare to be authorized to complete this credit application and grant **Handyman Personnel** the authority to conduct any and all investigations required in reference to the above application

Name(Print): _____ Position/Role: _____

Signature: _____ Date: ____/____/____