



10406 -31A Avenue
Edmonton, AB T6J 3B4
Tel 780.905.1871
Fax 780.434.7958

APPLICATION FOR CREDIT

Company Name: _____

Address: _____

City: _____ Prov _____ Postal Code _____

Phone (____) _____ Fax (____) _____

Type of Ownership: Corporation _____ Partnership _____ Individual _____

If Partnership or Individual, complete information on second page.

Officer Name: _____ Title: _____

Officer Name: _____ Title: _____

Years in Business: _____ Type of Business: _____

Are Purchase Orders required? Yes _____ No _____

Accounts Payable Contact: _____ Email Address: _____

BANK INFORMATION

Bank Name _____ Phone (____) _____

Address _____ City _____ Prov _____ Postal Code _____

CREDIT REFERENCES: (please give complete addresses)

Name _____ Phone (____) _____ Fax (____) _____

Address _____ City _____ Prov _____ Postal Code _____

Name _____ Phone (____) _____ Fax (____) _____

Address _____ City _____ Prov _____ Postal Code _____

Name _____ Phone (____) _____ Fax (____) _____

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If this application is accepted and credit is extended, the applicant shall be deemed to have agreed to the following terms and conditions. If accounts are not promptly paid when due, and this account is collected by a collection agency or an attorney, by suit or otherwise, applicant agrees to pay all collection fees and/or attorney's fees and cost of collection. Terms if not otherwise specified are NET 30 Days. Interest shall also be added to any unpaid balance at the rate of 1.5% per month. Which is equivalent to 18% per annum, unless such interest is prohibited by any existing local laws and then the maximum allowed under such local statues shall be in effect.

Personal Guarantee of Applicant

Company Authorization _____ **Title** _____

Date _____

Partnership:

Name _____ Phone (____) _____

Address _____ City _____ Prov _____ Postal Code _____

Name _____ Phone (____) _____

Address _____ City _____ Prov _____ Postal Code _____

Individual:

Name _____ Phone (____) _____

Address _____ City _____ Prov _____ Postal Code _____