



CREDIT APPLICATION

Box 7411, Bay 1, 5606-55 Street, Drayton Valley, AB T7A 1S6
Tel. (780) 621-0025 Fax. 1-888-412-3760

Date: _____

COMPANY INFO:

LEGAL NAME: _____

TRADE NAME: _____

YEAR ESTABLISHED: _____ GST #: _____

- CORPORATION:
- PARTNERSHIP:
- PROPRIETORSHIP:

BILLING ADDRESS: _____ SHIPPING ADDRESS: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

PRINCIPALS:

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

NAME: _____ TITLE: _____

BANK:

NAME: _____

BRANCH: _____

PHONE: _____ CONTACT PERSON: _____

REFERENCES:

SUPPLIER: _____

PHONE: _____ FAX# _____

SUPPLIER: _____

PHONE: _____ FAX# _____

SUPPLIER: _____

PHONE: _____ FAX# _____

SUPPLIER: _____

PHONE: _____ FAX# _____

I/We understand and agree that Accounts are due and payable within thirty (30) days from invoicing. If Purchaser fails to pay my amounts when due, the Purchaser shall pay the Company on demand, interest at the rate of two percent (2%) per month (twenty-four per cent (24%) per annum). I/We certify the company's legal name, as set out above, to be correct and consent to such credit investigation as is deemed necessary. I/We the Purchaser agrees that any and all goods purchased from the Company will remain the property of the Company until these same goods are paid in full.

DATE: _____ SIGNED: _____ TITLE: _____
PRINCIPAL/SHAREHOLDER/OWNER