



Customer Credit Application

Company Name: _____
Address: _____
City: _____ Province: _____
Postal Code: _____ GST Number: _____
Telephone Number: _____ Fax Number: _____

Accounts Payable

Contact Name: _____ Email: _____
Telephone Number: _____ Fax Number: _____

Online Profile

Would you like to set up an online profile to enable ordering directly from our website?
Yes: _____ No: _____

Invoice Preferences

Mail: _____ Email: _____ Fax: _____

Names of Principals, Partners or Proprietors:

1. _____ Title: _____
2. _____ Title: _____

Number of Years in Business: _____ Premises Own: _____ Rent: _____
Bank Name: _____ How long Dealing with Bank: _____
Branch Address: _____
Account Number: _____ Telephone Number: _____
Account Manager: _____

Trade References

Company Name: _____ Contact: _____
Address: _____
Telephone Number: _____ Fax Number: _____

Company Name: _____ Contact: _____
Address: _____
Telephone Number: _____ Fax Number: _____

Company Name: _____ Contact: _____
Address: _____
Telephone Number: _____ Fax Number: _____

Terms: It is understood and agreed that all invoices will be paid within the terms, strictly net thirty days.
Past due invoices may be subject to interest at 18% annum (1.5% per month.)

Signature of Authorized Owner(s) Director(s): _____

Date: _____

Once completed please fax back to 403-255-3977.