



To submit this form please fill in all the fields. All forms must include a signature in order to be processed.

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: _____

Invoice Preferences

Mail: Email: Fax: email address _____

Names of Principals, Partners or Proprietors:

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

Number of Years in Business: _____
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 a;; 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 email to ar@paxxindustrial.com or fax back to **403-255-3977**