

## Credit application

### Business

Name of Business:		
Billing Address:		
City:	Prov.:	Code:
Billing Tel. & Fax:		
Shipping Address:		
City:	Prov.:	Code:
Shipping Tel.:	Fax:	Years in business:
Type of business:		

### Ownership Information

<input type="checkbox"/> Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Company
Name of proprietor or directors of company		
Credit limit requested: \$	Accounts Payable Manager:	

### Banking references

Banking institution:	
Branch Address:	Tel.:

### Credit references

Name	Fax	Tel.
1.		
2.		
3.		

### E-mailed Invoices:

Would you prefer to receive invoices by e-mail? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, e-mail address: _____

### Acceptance of terms

<b>TERMS:</b> It is hereby agreed that invoices are to be paid on a net 21 days basis. All overdue accounts are subject to a 2% interest charge per month (24%/year)		
Signature	Title	Date