

CREDIT APPLICATION



Unit B, 1465 Kebet Way, Port Coquitlam, B.C. V3C 6L3
Bus (604) 945-0901 Fax (604) 945-0902
Toll Free (877) 945-0901 Toll Free Fax (877) 945-0902

DATE _____

NAME OF COMPANY _____
ADDRESS _____ CITY _____
POSTAL CODE _____ PHONE (____) _____ FAX (____) _____

NAME OF PARTNERS AND/OR OFFICERS	TITLE
_____	_____
_____	_____
_____	_____

GST NO. _____ PST NO. _____ IN BUSINESS SINCE _____

TYPE OF BUSINESS _____

BANK _____ BRANCH _____
BANK MANAGER'S NAME _____ PHONE (____) _____
A/P CONTACT _____ PURCHASER _____

CREDIT LIMIT REQUESTED \$ _____ (to be approved or not, upon completion of our credit review)

SUPPLIER REFERENCES – PLEASE INSURE FAX #'S ARE FILLED IN.

NAME _____
ADDRESS _____
CITY _____ PROV _____
PHONE (____) _____
FAX (____) _____

NAME _____
ADDRESS _____
CITY _____ PROV _____
PHONE (____) _____
FAX (____) _____

NAME _____
ADDRESS _____
CITY _____ PROV _____
PHONE (____) _____
FAX (____) _____

NAME _____
ADDRESS _____
CITY _____ PROV _____
PHONE (____) _____
FAX (____) _____

IT IS UNDERSTOOD AND AGREED THAT THE TERMS OF PAYMENT ARE **NET 30 DAYS**.
CREDIT MAY BE RESTRICTED ON MY ACCOUNT WITH A THIRTY (30) DAY PAST DUE
BALANCE UNLESS SPECIAL PERMISSION HAS BEEN RECEIVED FROM THE CREDIT
DEPARTMENT.

SIGNED _____ TITLE _____