



CREDIT APPLICATION

Company Name: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ Province: _____ Postal code: _____
 Email Address: _____

Type of Business: Proprietorship: _____ Partnership: _____ Limited: _____ Corporation: _____
 Years in Business: _____ Under Present Ownership Since: _____
 Premises: Owned: _____ Rented: _____ Leased: _____ Other: _____
Owner(s) or Principal
 Name: _____ Address: _____ S.I.N.# _____
 Birthdate: ___/___/___ Visa/MC# _____
 Name: _____ Address: _____ S.I.N.# _____ Birthdate: ___/___/___
 Visa/MC# _____

Bank: _____ Address: _____
 Contact: _____ Phone: _____ Fax: _____
 Account name: _____ Account number: _____

Credit References

Name: _____ Address: _____
 Contact: _____ Phone: _____ Fax: _____

Name: _____ Address: _____
 Contact: _____ Phone: _____ Fax: _____

Name: _____ Address: _____
 Contact: _____ Phone: _____ Fax: _____

Person to contact for payments: _____
 Credit limit amount requested: _____ Purchase Order required: Yes: _____ No: _____
 GST #: _____ Or exempt #: _____
 PST #: _____ Or exempt #: _____

PLEASE ADVISE US OF YOUR EXEMPTION STATUS

We the undersigned certify the above information to be correct.
If you are not satisfied with any or all of the work done; you have 10 days to let us know in writing so that we can remedy the situation, otherwise, we will consider you one of our Satisfied Customers. Payment is due upon receipt/
I, the undersigned, in consideration of your granting credit to (me/the above named company) of which I am an officer or agent, DO HEREBY PERSONALLY GUARANTEE payment of all accounts of (mine or said company) and authorize you to obtain credit history and /or credit information from any and all sources available.
This is a continuing and irrevocable guaranty and shall not be affected by extensions of time for payment or other arrangements you make with the Company, but shall only be discharged by payment in full of all of (my/or Company) accounts. All accounts will be due in net 30days unless otherwise specified. I give permission for ICBC to search for any registered property. I further agree to pay a service charge of 2%per month on all unpaid balances of the account. Non-payment of bill or balance will incur an administration fee and collection fee if required.
THE TERMS FOR THE CREDIT ACCOUNT(S) ARE NET 30 DAYS FROM DATE OF INVOICE

Please instruct your accounts payable personnel to monitor the invoice dates to ensure speedy processing and timely payments.

Signature: _____ Title: _____ Date: _____