

# CREDIT APPLICATION



10939 - 120 Street  
Edmonton, AB T5H 3R3  
Tel: 780-453-5044  
Fax: 780-453-6283

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
LOCATION/SITE#: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROV: \_\_\_\_\_  
POSTAL CODE: \_\_\_\_\_  
PHONE: (    ) \_\_\_\_\_  
FAX: (    ) \_\_\_\_\_  
PARENT HOLDING CO: \_\_\_\_\_  
A/P CONTACT: \_\_\_\_\_  
HOW LONG IN BUSINESS: \_\_\_\_\_  
PURCHASER: \_\_\_\_\_  
TYPE OF BUSINESS: \_\_\_\_\_  
BANK: \_\_\_\_\_  
BRANCH ADDRESS: \_\_\_\_\_  
PHONE: (    ) \_\_\_\_\_

### SUPPLIER REFERENCES:

1. COMPANY NAME: \_\_\_\_\_  
CITY: \_\_\_\_\_ PROV.: \_\_\_\_\_  
PHONE: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

2. COMPANY NAME \_\_\_\_\_  
CITY: \_\_\_\_\_ PROV.: \_\_\_\_\_  
PHONE: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

3. COMPANY NAME \_\_\_\_\_  
CITY: \_\_\_\_\_ PROV.: \_\_\_\_\_  
PHONE: (    ) \_\_\_\_\_ FAX: (    ) \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
ACCOUNT NUMBER ASSIGNED: _____	
CREDIT LIMIT: _____	
SALESMAN: _____	
DEFAULT PRICE CODE: _____	
TERMS CODE TAX CODE: _____	
DEFAULT SHIP CODE: _____	
INDUSTRY: _____	
TERRITORY: _____	
REGION: _____	
P.O. REQUIRED:	<input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION #:	<input type="checkbox"/> YES <input type="checkbox"/> NO
CREDIT APPROVED BY: _____	
DATE: _____	
ENTERED BY: _____	

PLEASE TELL US HOW YOU HEARD ABOUT US	
INTERNET _____	YELLOWPAGES _____
NEWSPAPER AD _____	SALES CALL _____
OTHER _____	

ARE PURCHASE ORDERS REQUIRED FOR ALL PURCHASES?  YES  NO

ARE ORDERS PST EXEMPT?  YES  NO IF YES, SUPPLY TAX NUMBER: \_\_\_\_\_

ARE ORDERS GST EXEMPT?  YES  NO IF YES, SUPPLY TAX NUMBER: \_\_\_\_\_

CUSTOMER PLEASE NOTE: TERMS ARE 30 DAYS FROM DATE OF INVOICE  
SHORTAGE CLAIMS MUST BE MADE WITHIN 10 DAYS OF RECEIPT OF ORDER  
EXCHANGES / RETURNS MUST BE MADE WITHIN 45 DAYS OF RECEIPT OF ORDER

SIGNATURE OF COMPANY OFFICIAL: \_\_\_\_\_  
PRINT NAME OF COMPANY OFFICIAL: \_\_\_\_\_  
TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_