



7108 – 67 Street, Edmonton, AB. T6B 3A6 Phone: 780.468.7144 Fax: 780.468.0928

CREDIT APPLICATION

COMPANY NAME _____
ADDRESS _____ PHONE NO. _____
CITY _____ FAX NO. _____
PROVINCE _____ POSTAL CODE _____

AMOUNT OF CREDIT REQUESTED _____

NAME OF INDIVIDUAL – PARTNERS OR COMPANY OFFICIALS

Full Name _____ Official Title _____

NAME OF BANK _____ PHONE NO. _____
ADDRESS _____ BANK CONTACT _____
CITY _____ PROVINCE _____

TRADE REFERENCES: List below names of firms you now have accounts with and from whom you agree we can request credit information:

Company Name _____ Contact _____
Address _____
Phone No. _____ Fax No. _____

Company Name _____ Contact _____
Address _____
Phone No. _____ Fax No. _____

Company Name _____ Contact _____
Address _____
Phone No. _____ Fax No. _____

Do you always use Purchase Orders? _____
If your accounts are not paid by above office, please advise the address and phone number of payables office _____

Signature of Officer _____ Title of Officer _____ Dated: _____
Payment Terms – net 30 days