



**Corporate Office**

20665 93 Ave. Langley, BC Canada  
V1M 2W8 Phone 604-513-9996  
Fax 604-888-9159  
Toll Free 800-526-5107

**CUSTOMER APPLICATION FOR CREDIT ACCOUNT**

**Company Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Zip / Postal Code:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_ **Date Commenced:** \_\_\_\_\_

**Type of Ownership:** Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Individual: \_\_\_\_\_

**IRS Tax No / Business / PST Number:** \_\_\_\_\_

**Company Officers/Owners:**

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**A/P Contact:** \_\_\_\_\_

**Bank Information:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Acct #:** \_\_\_\_\_

**Credit References:**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Standard terms are 2% discount on payments made 10 days after shipment date.**

**If not paid by 10th day, then the full net amount is required by day 30.**

**Interest calculated at 2% per month will be assessed on accounts past 30 days.**

**No shipment of goods will occur if the account is overdue**

**Note - Signature below acknowledges acceptance of and compliance with above terms of sale/purchase**

**Signed:** \_\_\_\_\_

**Name & Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_