



**Corporate office**

20665 93 Ave. Langley B.C. Canada  
V1M 2W8 Phone 604 513 9996  
Fax line 604 888 9159 Toll Free 800 526 5107

**CUSTOMER APPLICATION FOR CREDIT ACCOUNT**

**Company Name:** \_\_\_\_\_  
**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_ **Postal Code** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_  
**Email :** \_\_\_\_\_

**Nature of Business:** \_\_\_\_\_ **Date Commenced:** \_\_\_\_\_  
**Type of Ownership:** Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Individual: \_\_\_\_\_  
**PST #** \_\_\_\_\_

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

**Standard terms are 2% Discount on payments made 10 days after shipment date.**  
(Credit card payment is not allowed with taking the above discount)  
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:** \_\_\_\_\_ **Approved by:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_