



APPLICATION FOR CREDIT

RR 3 Lacombe, Alberta T4L 2N3
Phone (403) 782-6601
Fax (403) 782-3820

For the purpose of providing credit to the undersigned, I/we present to you the following information.

NAME OF COMPANY _____

ADDRESS _____

TYPE OF BUSINESS _____ YEAR STARTED _____

PHONE NO. _____ FAX NO. _____

AMOUNT CREDIT REQUESTED \$ _____ DATE _____

ACCOUNTS PAYABLE CONTACT _____

PERSONNEL: Names of Officers or Partners

FULL NAME	RESIDENCE ADDRESS	OFFICIAL TITLE	SIN #

NAME AND ADDRESS OF BANK _____

TRANSIT # _____ BANK ACCOUNT # _____

PHONE NO. OF BANK _____ FAX NO _____

TRADE REFERENCES: Names, addresses & phone/fax numbers from whom we buy merchandise and supplies on credit.

- _____
- _____
- _____

In consideration of you extending credit to the undersigned, I/We jointly and severally agree to pay our account according to your usual terms of sale. If the account should become past due, a service charge shall be charged to our account at the rate of 2% per month (24% per annum) on the overdue balance. This will also constitute your authority to conduct whatever personal investigation you determine necessary in reference to our above application for credit.

Signed this _____ day of _____ 20____

Witness _____

Signature of Officer

Title