

CREDIT APPLICATION

Please fill out application or return with a business card

Company Name _____

Address _____

City/Town _____ Postal Code _____

Phone Number _____ Fax Number _____

Accounts Payable Contact: _____

Email Address to submit Statement _____

Statement Frequency: Weekly Bi-Weekly *(circle choice)*

Type of Business _____

Name of Officers/Owners

Name: Title:

1. _____

2. _____

Credit References

Name: Contact Fax Number

1. _____

2. _____

Terms:

We understand that all charges shown of statements must be paid upon receipt. It is agreed and understood that accounts overdue to the extent of 30 days or more are subject to a 2% charge per month, minimum \$3.00. Failure on the part of the applicant to comply with payment terms will be considered sufficient cause to cancel credit without notice.

Authorized Signature

Position

****PLEASE FAX COMPLETE FORM TO: 403-625-2430**

Please contact our office if you have any questions or comments 1-877-447-2987

We look forward to working with you!