



#109 12889 84 Avenue Surrey, BC V3W 0K5  
Ph. (604) 592-0472 Fax: (604) 592-0462

## Credit Application

LEGAL BUSINESS NAME: \_\_\_\_\_

STREETADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

YOUR ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

BUSINESS PRINCIPALS: \_\_\_\_\_ TITLE: \_\_\_\_\_

\_\_\_\_\_ TITLE: \_\_\_\_\_

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ PROPRIETERSHIP \_\_\_\_\_

BUSINESS STARTED: \_\_\_\_\_

CREDIT AMOUNT REQUESTED: \_\_\_\_\_

### REFERENCES (firms extending credit)

1. \_\_\_\_\_ CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ CONTACT: \_\_\_\_\_ FAX: \_\_\_\_\_ Phone: \_\_\_\_\_

Our terms if your application is approved: Interest rate of 2% will be added for all late payments. Payments need to be made within 30 days from date of invoice.

GUARANTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

WITNESS: \_\_\_\_\_

Note: Please return by fax to Accounts Department  
604-592-0462