

APPLICATION FOR CREDIT



PLEASE TYPE, OR PRINT VERY CLEARLY

40874 Yale Road West, Chilliwack, BC V2R 4J2
Phone: 1-888-933-6269 Fax: (604) 823-4013

CONTACT INFORMATION:

Firm Name _____

Street Address _____

City _____ Province _____ Postal Code _____

Phone _____ Alt. Phone _____ Fax _____

Cell _____ Pager _____ E-mail _____

COMPANY INFORMATION:

Industry: _____ How did you hear about us? _____

Type of Business: Partnership Corporation Individual

Principal's Name _____ Title or S.I.N. _____

Address _____ Phone No. _____

Accounts Payable Contact _____ Phone No. _____

Number of Years in Business _____ Credit Limit Required _____ P.O. Required? Yes / No

Name of Bank _____ Phone Number _____

Address _____ Contact: _____

PST Exempt No. _____ GST No. _____

*TRADE REFERENCES : (Please note we cannot accept Visa, MasterCard, or other credit cards as trade references.)

Firm Name	City	Phone Number	Fax Number

CREDIT AGREEMENT

- I/WE HEREBY AUTHORIZE DENBOW to obtain credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.
- I/WE HEREBY ACCEPT that the terms of sale are net 15th following month, and are subject to a 1% per month (12% per annum) service charge on past due amounts. These terms are not negotiable.
- I/WE HEREBY ACCEPT the importance of keeping the account current and that failure to do so can result in it being placed on a C.O.D. basis.

Backup Credit Card Number

Visa / Mastercard _____ Expiry _____

Cardholder _____

DATE _____

SIGNATURE OF PRINCIPAL _____

TITLE _____