



PH: 204-222-6289
FAX: 204-2226241
TOLL FREE: 800-748-3267

CREDIT APPLICATION

Legal Company Name: _____ Year Established: _____

Trade Name: _____ Subsidiary of: _____

Corporation Partnership Sole Proprietor Other: _____

Physical Address

Suite/Unit: _____
Address: _____
City: _____ Prov/State: _____
PC/ZIP: _____
PH: _____
FAX: _____
Toll Free: _____

Head Office: Same as Physical Address

Suite/Unit: _____
Address: _____
City: _____ Prov/State: _____
PC/ZIP: _____
PH: _____
FAX: _____
Toll Free: _____



Please Note: Our policy is to either fax or email our invoices and PODs. We prefer to email these documents to provide the best quality reproduction of the original to our customers. **Original documents remain on file at our office without exception and will not be released.**

CONTACTS

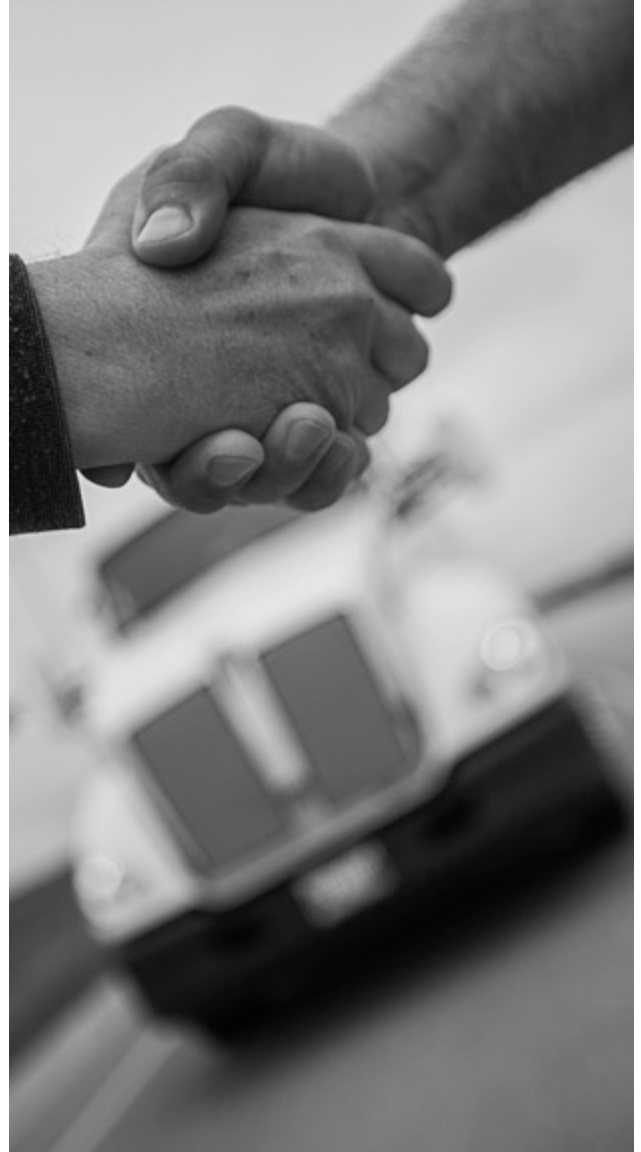
Dispatch: Contact Person: _____
After Hours PH #: _____

Order Desk PH: _____
FAX: _____
E-mail: _____

Shipping: Contact Person: _____
PH: _____
FAX: _____
E-mail: _____

Billing: Contact Person: _____
PH: _____
FAX: _____
E-mail: _____

A/P: Contact Person: _____
PH: _____
FAX: _____
E-mail: _____



BANK REFERENCES

Bank: _____ Account #: _____

Address: _____

Phone: _____ Fax: _____ Contact: _____



TRADE CREDIT REFERENCES

1) Vendor Name: _____ Phone: _____
Contact Person: _____ Fax: _____
Address: _____

2) Vendor Name: _____ Phone: _____
Contact Person: _____ Fax: _____
Address: _____

3) Vendor Name: _____ Phone: _____
Contact Person: _____ Fax: _____
Address: _____

4) Vendor Name: _____ Phone: _____
Contact Person: _____ Fax: _____
Address: _____

Applicant agrees the following terms and conditions apply to all purchases and credit, if allowable by law. All overdue invoices bear interest at 1.5% per month on unpaid balance. Applicant will pay all costs of collection, including but not limited to attorney fees and court costs. Credit Line granted to Applicant may be terminated, altered, suspended or otherwise changed at any time, with or without cause. The term all transactions shall be stated on Vendor’s documents, which shall govern all transactions, regardless of conflicts, if any, with Applicant’s documentation. Applicant hereby authorizes vendor, or vendor’s representative to contact all references, whether listed herein or not, and to receive their credit information, including confidential information, as Vendor may request. Applicant understands acceptance of this application by Vendor does not constitute an extension of credit nor promise to extend credit. Any extension of credit by Vendor does not constitute a promise to extend additional or future credit.

Date

Authorized Signature

Printed Name & Title