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**CREDIT APPLICATION**

Date of Application: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Website: \_\_\_\_\_

BN #: \_\_\_\_\_ PST #: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

Date Business Commenced: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Name of Partners and/or Directors: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Purchaser(s): \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Credit Limit Requested \$: \_\_\_\_\_ Email invoices?  Yes  No

\_\_\_\_\_ Email: \_\_\_\_\_

**Bank References**

Bank: \_\_\_\_\_ Branch Address: \_\_\_\_\_

Account #: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

**Trade References**

(include only current suppliers who have been dealt with for at least 6 months)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

Payment of Account: All accounts are due and payable 30 days from the invoice date. I/we agree to pay interest on past due portion at the rate of 2% per month (26.82% per annum) rate subject to change. Rate showing on our invoices will prevail. I/we affirm that the statements contained in this application for credit are true and correct to the best of my/our knowledge. I/we hereby authorize you to investigate the above information.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signed: \_\_\_\_\_