



CUSTOMER APPLICATION FOR CREDIT

METHOD OF PAYMENT: CASH/CREDIT CARD
(Complete Part A & Sign)

APPLY FOR CREDIT
(Complete Part A, B & Sign)

PART A: _____

BUSINESS NAME: _____

BILLING ADDRESS: _____

CITY: _____ **PROVINCE:** _____ **POSTAL CODE:** _____

PHONE: _____ **FAX:** _____ **YEARS IN BUSINESS:** _____

TYPE OF BUSINESS: _____

GST NO. _____ **PST NO. IF EXEMPT** _____

PURCHASE ORDER REQUIRED? YES NO

A/P CONTACT NAME: _____

EMAIL TO SEND INVOICE: _____

OWNER NAME: _____

EMAIL: _____

ADDRESS: _____

BANKING INFO: _____

NAME OF BANK

ADDRESS

CONTACT

PHONE



18787 52nd Ave, Surrey, B.C. V3S 8E5

604-575-1600 Telephone

accounting@viaductsheetmetal.net



PART B:

AMOUNT OF CREDIT REQUESTED: _____

CREDIT REFERENCES:

- 1) _____
- | Company Name | Address | Phone | Fax | Contact Name |
|--------------|---------|-------|-----|--------------|
| | | | | |
- 2) _____
- | Company Name | Address | Phone | Fax | Contact Name |
|--------------|---------|-------|-----|--------------|
| | | | | |
- 3) _____
- | Company Name | Address | Phone | Fax | Contact Name |
|--------------|---------|-------|-----|--------------|
| | | | | |

Terms of payment for goods and services sold on credit are **Net 30 days** from invoice date. A service charge of 2% per month will apply on overdue accounts. By signing below, you agree to pay all invoices within the agreed terms of 30 days.

I hereby give my consent to the person or firm to whom this application is submitted to obtain credit reports or other information with regard to me as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

Dated at _____, _____, this _____ day of _____ 20 _____.

Signature (Authorized signing officer)

Please Print Name In Full



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