

CREDIT APPLICATION

COMPANY INFORMATION

Name of Business: _____
 Billing Address _____

 A/P Contact: _____
 Phone Number: _____ Fax Number: _____
 Type of Business: _____
 Type of Ownership: Limited Partnership Proprietorship Corporation
 Year in Business: _____ Is a Purchase Order No. Required? Yes No

COMPANY OFFICERS, PARTNERS, PRINCIPALS

Name: _____ Title: _____
 Name: _____ Title: _____
 Name: _____ Title: _____

CREDIT INFORMATION

Bank Name: _____ Account # _____
 Bank Address: _____
 Bank Phone Number: _____ Payment by Corporate Credit
 Card Available? Yes No
 Trade References:
 Company Name: _____
 Phone Number: _____ Fax Number: _____
 Company Name: _____
 Phone Number: _____ Fax Number: _____
 Company Name: _____
 Phone Number: _____ Fax Number: _____

*I declare the information given in this application is true and correct.
 I understand and accept the terms of this agreement.*

Signature: _____ Title: _____
 Print Name: _____ Date: _____

**Please complete and fax to (780) 462-2420
 The terms are Net 30 days**