

CREDIT APPLICATION

COMPANY NAME _____

ADDRESS _____

PHONE # _____ FAX # _____

A/P CONTACT _____ A/P EMAIL _____

DATE OF INCORPORATION / START-UP OR CHANGE OF OWNERSHIP _____

TYPE OF BUSINESS _____

PURCHASE ORDERS REQUIRED? _____ MONTHLY STATEMENTS REQUIRED? _____

AMOUNT OF CREDIT REQUESTED _____ NAME OF PURCHASER _____

NAME OF PRINCIPAL OWNER(S) _____

NAME OF ACCOUNTS PAYABLE CONTACT _____

NAME OF BANK _____ BRANCH _____

CREDIT REFERENCES :

CREDIT PRIVILEGE AGREEMENT: I / WE HERBY AGREE TO THE TERMS OF PAYMENT OF **30 DAYS NET** FROM INVOICE DATE AND UNDERSTAND THAT FAILURE TO COMPLY WITH THESE TERMS MAY RESULT IN CANCELLATION OF CREDIT PRIVILEDGES. ACCOUNT PAYMENTS MADE BY CREDIT CARD WILL BE ASSESED A 4% PROCESSING FEE. I / WE ALSO UNDERSTAND THAT ALL GOODS RETURNED FOR CREDIT REQUIRE PRIOR APPROVAL AND ARE SUBJECT TO RESTOCKING CHARGES.

DATE OF APPLICATION: _____ SIGNATURE _____

DATE APPROVED: _____ BY _____ CATALOGUE _____ TERRITORY _____

CUSTOMER CODE _____ INDUSTRY CODE _____ PRICING _____ / _____ / _____



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