



Ph: 1-877-865-4446 Fax: 1-780-865-4779

www.safetysuppliescanada.com

CREDIT APPLICATION

PLEASE COMPLETE AND RETURN THIS FORM AS SOON AS POSSIBLE. ALL ORDERS WILL BE HELD UNTIL COMPLETE CREDIT APPLICATION IS RECEIVED AND APPROVED.

Legal Business Name:

Invoice Address:

Town/City:

Province:

Postal Code:

Phone: () -

Fax: () -

Accounts Payable Contact:

E-Mail:

Principal Owner:

Address:

Town/City:

Province:

Postal Code:

Nature of Business:

Years of Business:

BANK INFORMATION

Name of Bank:

Phone:

Address:

Town/City:

Province:

Postal Code:

Account Manager:

Credit Required:

Information Required on Invoice:

CREDIT REFERENCES

Name:

Phone: () -

Fax: () -

Name:

Phone: () -

Fax: () -

Name:

Phone: () -

Fax: () -

The information provided on this application is true, accurate and complete. The undersigned authorizes Safety Supplies Canada to receive and exchange credit information in connection with this application and/or any ongoing credit transaction.

TERMS NET 30 DAYS ON APPROVED CREDIT

I/We understand that invoices are payable within 30 days of the billing date. I/We acknowledge that 2% per month will be charged on all overdue accounts. I/We also acknowledge responsibility for all collection costs incurred by Safety Supplies Canada if the above terms are not met. I/We understand the above terms and condition and are authorized to sign on behalf of the company.

Print Name:

Title:

Signature:

Date: