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CREDIT APPLICATION

Company Information:

Business Name: _____
Billing Address: _____ Shipping Address: _____

Tel No: _____ Fax No: _____

Business Type: Proprietorship Partnership Corporation Other

Legal Name: _____ Established: _____
Principal's Name: _____ Title: _____
Name: _____ Title: _____
Name: _____ Title: _____
PST Reg: _____ A/P Contact: _____

Bank Information:

Bank Name: _____ Tel No: _____
Address: _____ Fax No: _____
_____ Contact: _____

Trade References

Company: _____ Contact: _____
Address: _____ Fax# _____
_____ Email _____

Company: _____ Contact: _____
Address: _____ Fax# _____
_____ Email _____

Company: _____ Contact: _____
Address: _____ Fax# _____
_____ Email _____

Credit Terms: The applicant hereby agrees that the terms of sale are net 30 days from the date of the invoice. A 2% service charge (24% per annum) will be added to any past due portion. If the account is placed in the hands of an agency or attorney for collection, the applicant agrees to pay all costs of collection, including a reasonable attorney's fee. The undersigned certifies that the information contained above is true and correct. I am an authorized representative of the corporation herein.

Signature must be by an owner, director or officer of the company.

Signature: _____ Title: _____

Credit Limit Requested: _____ Date: _____