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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: \_\_\_\_\_