



Site 414, Box 1, RR4  
Saskatoon SK S7K 3J7  
Phone: (306) 651-6955 Fax: (306) 651-6967

## Credit Application

**Company Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Prov/State:** \_\_\_\_\_ **Postal / Zip Code:** \_\_\_\_\_

**Bus. Tel:** \_\_\_\_\_ **Bus. Fax:** \_\_\_\_\_

**How Long in Business:** \_\_\_\_\_ **Credit Limit Requested:** \_\_\_\_\_

**Name of Principal(s):** \_\_\_\_\_ **Title:** \_\_\_\_\_

**A/P Contact:** \_\_\_\_\_ **A/P Phone #:** \_\_\_\_\_

**A/P Email:** \_\_\_\_\_

**For Transportation Companies:** Motor Carrier #: \_\_\_\_\_ US DOT #: \_\_\_\_\_

### **Banking Information:**

**Bank Name:** \_\_\_\_\_ **Branch:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Prov/State:** \_\_\_\_\_

**Business Tel:** \_\_\_\_\_ **Business Fax:** \_\_\_\_\_

### **Please Provide Three (3) Trade References:**

1. **Company Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Prov/State:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

2. **Company Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Prov/State:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

3. **Company Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Town/City:** \_\_\_\_\_ **Prov/State:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Terms:** Invoices charged are due upon receipt of invoice. If no payment is received after 30 days interest may be charged. If an account remains overdue for more than 60 days, no further credit will be granted until the account is brought up to date.

Having agreed to the above terms, I hereby make application for open account privileges on behalf of the above-named company.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_