



Head Office: 2270 Portland Street SE, Calgary, Alberta T2G-4M6

CALL: 403-287-2970

FAX: 403-287-2446

Branch Locations: Calgary, Edmonton, Lethbridge, Medicine Hat, Red Deer, Saskatoon, Regina, Cranbrook, Kelowna, Prince George, Vancouver

# CREDIT APPLICATION

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Sales Rep. Name: \_\_\_\_\_

Requested Credit Limit     \$	
Account Type	<input type="checkbox"/> CASH <input type="checkbox"/> Net 30 Days
Territory	Approved Customer #
Head Office Use ONLY	

COMPLETE LEGAL NAME			CORPORATE REGISTRATION #
BILLING ADDRESS			
CITY	PROVINCE	POSTAL CODE	MAIN TELEPHONE #
ACCOUNTS PAYABLE CONTACT		A/P TELEPHONE #	A/P FAX #
SHIP TO ADDRESS			
CITY	PROVINCE	POSTAL CODE	SHIP TO TELEPHONE #
PURCHASING AGENT		TYPE OF BUSINESS    OR,    SIC CODE	YEARS IN OPERATION
FORM OF BUSINESS <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER, PLEASE INDICATE HERE			
PRINCIPAL'S NAME		TITLE	
RESIDENTIAL ADDRESS			RESIDENTIAL TELEPHONE
AFFILIATED COMPANIES			
PURCHASE ORDER REQUIRED ON ALL INVOICES? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU WANT INVOICES BY? <input type="checkbox"/> MAIL <input type="checkbox"/> EMAIL <input type="checkbox"/> FAX MONTHLY STATEMENTS REQUIRED? (MAIL ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMAIL ADDRESS FOR INVOICES		WEBSITE ADDRESS	

BANKING INFORMATION—BANK NAME	CONTACT	TELEPHONE #
ADDRESS	BANK, TRANSIT AND ACCOUNT #	

CREDIT CARD SECTION, OPTIONAL

<input type="checkbox"/> MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS	CARD #
NAME OF CARDHOLDER:	CARD EXPIRY DATE:

AS AUTHORIZED SIGNOR OF THE COMPANY, I HEREBY AUTHORIZE GENERAL FASTENERS LTD. TO CHARGE OUTSTANDING AMOUNTS TO THE CREDIT CARD NOTED ABOVE.

AUTHORIZED SIGNATURE \_\_\_\_\_

NOTIFICATION REQUIRED WHEN PROCESSING ANY PAYMENTS AGAINST THE ABOVE-NOTED CREDIT CARD?     YES     NO

EMAIL (AS ABOVE)    OR     FAX (AS ABOVE)



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# CREDIT APPLICATION, continued

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MINIMUM OF 3 TRADE CREDIT REFERENCES REQUIRED			
NAME	CONTACT	TELEPHONE #	FAX #
TAX #S (WHERE APPLICABLE)		PROVINCIAL SALES TAX NO.	GST/HST REGISTRATION NO.
OUR GST/HST REGISTRATION NO. R101979961			
<small>I/WE HEREBY REPRESENT THAT I/WE ARE AUTHORIZED TO SUBMIT THE APPLICATION ON BEHALF OF THE CUSTOMER NAMED ABOVE, AND THAT THE INFORMATION PROVIDED FOR THE PURPOSE OF OBTAINING CREDIT IS WARRANTED TO BE TRUE. I/WE HEREBY AUTHORIZE GENERAL FASTENERS LTD. TO INVESTIGATE THE REFERENCES LISTED PERTAINING TO MY/OUR CREDIT AND FINANCIAL RESPONSIBILITY. I/WE FURTHER REPRESENT THAT THE CUSTOMER APPLYING FOR THE CREDIT HAS THE FINANCIAL ABILITY AND WILLINGNESS TO PAY FOR ALL INVOICES WITHIN ESTABLISHED TERMS. I/WE, THE UNDERSIGNED, AUTHORIZE GENERAL FASTENERS LTD. TO OBTAIN AND/OR EXCHANGE BUSINESS AND/OR PERSONAL INFORMATION WITH CREDIT GRANTORS AND/OR CREDIT REPORTING AGENCIES FOR THE PURPOSES OF ESTABLISHING OR VERIFYING MY/OUR FINANCIAL STANDING AND/OR THAT OF THE COMPANY.</small>			
<b>PLEASE NOTE: OUR TERMS ARE NET 30 DAYS FROM THE DATE OF INVOICE</b>			
<small>IT IS AGREED AND UNDERSTOOD THAT ALL NECESSARY LEGAL FEES AND/OR INTEREST AT 2.00% PER MONTH (26.8% PER ANNUM) MAY BE CHARGED TO MY COMPANY IN THE EVENT OF LATE PAYMENT, DEFAULT OR FAILURE TO PAY FOR SERVICES RENDERED.</small>			
SIGNATURE (AUTHORIZED SIGNOR FOR THE COMPANY)		POSITION	
PRINT NAME		DATE SIGNED	

## SPECIAL CONDITIONS OF CREDIT (HEAD OFFICE USE ONLY)

<input type="checkbox"/> CREDIT CARD ON FILE	<input type="checkbox"/> STEP—C.O.D FOR A MINIMUM OF ___ MONTHS	<input type="checkbox"/> TERMS
<input type="checkbox"/> PERSONAL GUARANTEE ON FILE	(BRANCH O.R APPROVAL)	<input type="checkbox"/> DISCOUNT @ ____% N30

CREDIT ANALYST APPROVAL, INITIALS