



CREDIT APPLICATION

Name of Business: _____ Phone: _____ Fax: _____

Billing Address: _____ Shipping Address: _____

City _____ Province _____ Postal Code: _____

Email _____ Website: _____

Date Business Commenced: _____ Required Limit: \$ _____

Principals or Shareholders

Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Fax _____	Fax _____	Fax _____

Bank reference: _____ Branch: _____ Phone: _____

Contact: _____

3 Current Trade References: (include phone and fax numbers)

Name _____	Name _____	Name _____
Phone _____	Phone _____	Phone _____
Fax _____	Fax _____	Fax _____

The applicant understands and agrees to the following terms:

1. Accounts are due and payable 30 days after the date of invoice – unless otherwise stated on the invoice.
2. Interest charged of 1.5% per month (18% annum) on overdue invoices.
3. Permission must be obtained before returning goods for credit. Goods returned will be subject to a minimum 15% restocking charge.
4. In consideration that you agree to sell merchandise and/or extend credit to me/us, I/we agree to outstanding balance of my/our account that becomes overdue.
5. Release of orders may be withheld on overdue balance.
6. All costs of collections will be covered by the debtor.
7. The applicant's representation set out herein are correct and true and the customer certified the contents of this credit application knowing same is being replied upon by **Pumps & Pressure Inc.** for the purpose of granting credit.
8. The applicant authorized **Pumps & Pressure Inc.** to obtain credit information as required.
9. Statement will be issued monthly via fax. Please send remittance to head office.
10. Please fax credit application to (403) 343-7922.

Name: _____ Title: _____

Dated at: _____ This _____ Day of _____, 20 _____

Signature of Applicant: _____

*** Please ensure that the applicant has signing authority for the indicated company ***