



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: _____

Accounts Payable Contact: _____ Tel: () _____

Bank Name: _____	Branch: _____
Street Address: _____	
Town/City: _____	Prov/State: _____
Bus. Tel: () _____	Bus. Fax: () _____

Please Provide Three (3) Trade Referencs:

Company Name: _____	Phone: () _____
Town/City: _____	Prov/State: _____
Company Name: _____	Phone: () _____
Town/City: _____	Prov/State: _____
Company Name: _____	Phone: () _____
Town/City: _____	Prov/State: _____

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: _____