

## APPLICATION FOR CREDIT

Please print, complete clearly, and return to:  
4450 Columbia Avenue, Castlegar BC  
Fax: (250)365-3318 e-mail: sales@trowelex.com

Legal Name of business: \_\_\_\_\_

Trade Name (If applicable): \_\_\_\_\_

Business Owner(s) Name and Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax #: \_\_\_\_\_

e-mail: \_\_\_\_\_ Receive invoices by email? Y \_\_\_\_\_ N \_\_\_\_\_

Accounts Payable Contact name and Phone #: \_\_\_\_\_

GST Reg. #: \_\_\_\_\_ PST #: \_\_\_\_\_

Business Type: Sole Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other \_\_\_\_\_

Credit amount requested: \$ \_\_\_\_\_ Require Purchase Order #? Y \_\_\_\_\_ N \_\_\_\_\_

Project Name or location address: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiry: \_\_\_\_\_ CVV: \_\_\_\_\_

Bank Name & Address: \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Account type: Chequing: \_\_\_\_\_ Savings: \_\_\_\_\_ Other: \_\_\_\_\_

Trade Reference 1 (Name, Phone #, Fax#): \_\_\_\_\_

\_\_\_\_\_

Trade Reference 2: \_\_\_\_\_

\_\_\_\_\_

Trade reference 3: \_\_\_\_\_

\_\_\_\_\_

By signing and completing this document, applicant hereby agrees to the following terms:

1. All invoices are due upon receipt and will be subject to a 2.5% administration fee accrued on unpaid balances over 30 days
2. Trowelex retains full title to all goods purchased on credit until paid in full by client. We may reclaim goods at any time prior to full payment if necessary
3. By submitting this application, you authorize Trowelex Rentals & Sales to make inquiries into the banking and references that you have provided and authorize release of all information necessary to complete this application.

\_\_\_\_\_

NAME & TITLE

\_\_\_\_\_

AUTHORIZED SIGNATURE