

CREDIT APPLICATION

NWT Safety Supplies Ltd.
1906 4 St Bay 2, | Nisku, AB T9E 7T8
P 780-955-8797 F 780-955-8717



APPLICANT INFORMATION

Business Name:

Bill To Address:

City:

Province:

Postal
Code:

Telephone:

Fax:

Website:

Email:

Type of Organization

Corporation

Partnership

Proprietorship

Position

Name

Telephone#/Ext

Email

Owner

President

A/P Manager

Purchaser

Purchaser

Type of Business:

Year Started:

Do you pay P.S.T.?:

P.S.T
Exempt #

G.S.T.#

BANK REFERENCE

Name:

Contact:

Phone:

Account#:

Address:

City:

Province

Postal
Code:

TRADE REFERENCE

1.

Name:

Telephone:

Fax or
Email:

Address:

City

Province:

Postal
Code:

2.

Name:

Telephone:

Fax or
Email:

Address:

City:

Province:

Postal
Code:

3.

Name:

Telephone:

Fax or
Email:

Address:

City:

Province:

Postal
Code:

4

Name:

Telephone

Fax or
Email:

Address:

City:

Province:

Postal
Code:

5.

Name:

Telephone:

Fax or
Email:

Address:

City:

Province:

Postal
Code:

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The information on this application is correct. I (we) herby authorize to whom this application is submitted, to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirements. I (we) further understand and agree to the credit terms of sale below.

All invoices are payable within 30 days of invoice unless otherwise stated on invoice
_____initial

In event of a disputed invoice, the customer should notify within 15 days of the invoice date by specifying the invoice number, the nature of the dispute and the amount under dispute.
_____initial

Customers whose invoices remain unpaid after 60 days, or whose account exceeds the credit limit established, may be placed on a C.O.D basis until the balance is paid in full or special arrangements are made with the credit manager.
_____initial

No returns unless authorized by NWT SAFETY SUPPLIES LTD. All returns must have an R.G.A number. Any unauthorized returns will be refused.
_____INITIAL

I, THE UNDERSIGNED, _____
OF THE _____ ^{NAME} AGREE TO THE ABOVE TERMS AND CONDITIONS.
_{COMPANY NAME}

DATE: _____ SIGNATURE: _____
TITLE: _____ FIRM NAME: _____

FOR OFFICE USE ONLY

Credit Department Use Only:	Date Credit Approved
Account Number:	Credit Limit
Credit Rating Assigned:	Industry Code:
Sales Rep:	
Comments:	