



Fax Application to:  
(403) 250-8336

*Industry Leader for Compatible Cartridges*

## **CREDIT APPLICATION FORM**

**BUSINESS NAME** \_\_\_\_\_

**PHONE # ( )** \_\_\_\_\_

**FAX # ( )** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_

**POSTAL CODE** \_\_\_\_\_

**PRINCIPAL'S NAME** \_\_\_\_\_

**PHONE # ( )** \_\_\_\_\_

**NAME of BANK** \_\_\_\_\_

**PHONE # ( )** \_\_\_\_\_

**AMOUNT of CREDIT APPLIED FOR** \_\_\_\_\_

### **TRADE/CREDIT REFERENCES**

**1) COMPANY** \_\_\_\_\_

**PHONE # ( )** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**FAX # ( )** \_\_\_\_\_

**2) COMPANY** \_\_\_\_\_

**PHONE # ( )** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**FAX # ( )** \_\_\_\_\_

**3) COMPANY** \_\_\_\_\_

**PHONE # ( )** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**FAX # ( )** \_\_\_\_\_

**TERMS: NET 30 DAYS FROM INVOICE DATE. INTEREST RATE OF 2% PER MONTH / 24% PER ANNUM CHARGED ON ALL ACCOUNTS OVER 30 DAYS.**

**SIGNED** \_\_\_\_\_

**DATE** \_\_\_\_\_

**POSITION** \_\_\_\_\_

The above person by signing acknowledges that he/she understands and agrees to the terms and will abide by such.