



CREDIT APPLICATION

COMPANY NAME: _____

ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE NO: _____ FAX: _____

NUMBER OF YEARS IN BUSINESS: _____ TYPE OF BUSINESS: _____

ANNUAM CREDIT LIMIT REQUESTED: _____ EMAIL ADDRESS: _____

ACCOUNT RECEIVABLE CONTACT NAME: _____ PHONE #: _____

NAME OF MANAGER: _____ CELLULAR: _____

USE PO #'S _____ JOB # _____ MONTHLY INVOICE CUT OFF DATE: _____

BANK NAME AND ADDRESS: _____

BANK MANAGER: _____ BANK ACCT #: _____

FOUR TRADE REFERENCES:
Company Name / Contact / Address / Phone

- 1) _____
2) _____
3) _____
4) _____

PLEASE ENSURE THAT THE REFERENCES YOU LIST WILL DIVULGE CREDIT INFORMATION

I / We acknowledge that the above information is correct and authorize Champion Concrete Cutting (Edmonton) Inc. to obtain credit information. I / We acknowledge Champion Concrete Cutting (Edmonton) Inc. terms, Net 30 days, and agree that any amount owing over 30 days is subject to an interest charge of 2% per month. I / We also accept responsibility for collection costs for the recovery of monies. Champion Concrete Cutting (Edmonton) Inc. reserves the right to apply payments to that portion of the outstanding account as they see fit. In the event the credit application is being made on behalf of a Ltd. Company, the signing officer(s) agree(s) to be bound jointly and severally by the terms and conditions herein contained.

Name(s): _____

(Please print)

Signed: _____ Dated: _____

Signed: _____ Dated: _____

(Authorized Signatures Only)