



## Credit Application

### Contact Information

Business Name: \_\_\_\_\_  
*Please include numbered company or holding company name if applicable*

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Unit #* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *Province* \_\_\_\_\_ *Postal Code* \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Delivery Address: \_\_\_\_\_  
*If different from above* \_\_\_\_\_ *Street Address* \_\_\_\_\_ *Unit #* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *Province* \_\_\_\_\_ *Postal Code* \_\_\_\_\_

### Business Information

Type of Business: \_\_\_\_\_

Date Started: \_\_\_\_\_ P Tax#: \_\_\_\_\_

Owner/Officer: \_\_\_\_\_ Partner: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Accouts Payable: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
Credit \_\_\_\_\_

Bank Phone: \_\_\_\_\_ Required: \_\_\_\_\_

### Trade References

Reference #1 \_\_\_\_\_  
*Name* \_\_\_\_\_ *Contact* \_\_\_\_\_ *Phone #* \_\_\_\_\_

Reference #2 \_\_\_\_\_  
*Name* \_\_\_\_\_ *Contact* \_\_\_\_\_ *Phone #* \_\_\_\_\_

Reference #3 \_\_\_\_\_  
*Name* \_\_\_\_\_ *Contact* \_\_\_\_\_ *Phone #* \_\_\_\_\_

I/WE agree to abide by ALBRITE LIGHTING LTD terms of NET 30 DAYS. I/WE also understand that a 2% per month service charge will be due on and payable on ALL OVERDUE ACCOUTS.

Signed

Date

PLEASE COMPLETE THIS FORM AND FAX IT BACK TO (250) 475-1966