

Credit Account Application



Contact Information

Business Legal Name: _____

Doing Business As: _____
(if different than legal name)

Billing Address: _____
Unit# Street Address City Province Postal Code

Delivery Address: _____
(if different than above) Unit# Street Address City Province Postal Code

A/P Contact _____ Tel# () _____

E-mail Address: _____ Fax# () _____
** for invoices and statements*

Purchasing Contact _____ Tel# () _____

E-mail Address: _____ Fax# () _____

Business Information

Type of Business: _____ GST# _____

Owner/Officer: _____ Tel# () _____

Operating since _____ / _____ Credit Requested \$ _____
Month / Year

Bank Name: _____

Bank Contact: _____ BnkTel# () _____

Bank Address: _____
Street Address City Province Postal Code

Trade References

Reference #1 _____
Trade Name Contact Name Phone#

Reference #2 _____
Trade Name Contact Name Phone#

Reference #3 _____
Trade Name Contact Name Phone#

Section A: Account Agreement

In Consideration of ALBRITE LIGHTING LTD ("ALBRITE") extending credit to the applicant, the applicant promises to pay the account outstanding NET 30 DAYS from the DATE OF PURCHASE. The applicant agrees to pay INTEREST OF 2% PER MONTH (24% PER ANNUM) on any balance of the account outstanding more than 30 days after the date of purchase. If the customer fails to make payment within 30 days , ALBRITE may defer shipments until such payment is made, or may, at its option, cancel all or any part of any unshipped orders to the customer or related parties.

ALBRITE reserves the right to decline the extension of any credit to the customer. The customer agrees to reimburse ALBRITE for all costs, including legal fees and bank charges, incurred by ALBRITE in collecting late or dishonoured payments in Canadian Dollars.

The applicant agrees that ALBRITE may specify the form of payment on overdue accounts.

The applicant consents to the disclosure of any personal or trade information to any credit agency or to any person or business with whom the applicant has or proposes to have financial relations as required in connection with the establishment renewal or extension of the account.

I am authorized to sign on behalf of the and bind the applicant and unconditionally accept this agreement and the conditions and terms contained therein.

Witness
Signed: X _____
Name Printed: _____

Company Name: _____
Applicant Signed: X _____
Authorized Signature
Name Printed: _____
Title: _____