

CREDIT APPLICATION

NWT Safety Supplies Ltd.
#50 Shep St, Spruce Grove, AB T7X 0G6
P 780-962-1778
1906 4th St Bay 2, Nisku, AB, T9E 7T8
P 780-955-8748

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			
Type of Business:		Year Started:	
Do you pay P.S.T.?:	P.S.T Exempt #	G.S.T.#	

BANK REFERENCE

Name:	Contact:	Phone:	Account#:
City:	Address:	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) hereby 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, _____
NAME

OF THE _____ 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:	