



New Customer Credit Application

Business Name: _____

Bill To Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Website: _____ Email: _____

Shipping Address: _____

Telephone: _____ Fax: _____

Type of Organization: Corporation Partnership Proprietorship

Position	Name	Telephone #/Ext.	Email Address
Owner			
Buyer			
A/P Manager			
Sales Rep			
Sales Rep			

*If multiple contacts, please forward contact sheet

Type of Business: _____ Year Started: _____

Do you P.S.T. Exempt #: _____ G.S.T. # _____

Do you have a shipping dock/bay? Y/N _____ if they do not have a dock/bay to receive Skid orders a tailgate fee of \$45.00 + tax will apply

Bank Reference:

Name: _____ Contact: _____ Phone: _____ Acct #: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Trade References:

1. Name: _____ Telephone #: _____ Fax #: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

2. Name: _____ Telephone #: _____ Fax #: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

3. Name: _____ Telephone #: _____ Fax #: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

4. Name: _____ Telephone #: _____ Fax #: _____

Address: _____ City: _____ Province: _____ Postal Code: _____



New Customer Credit Application

5. Name:

Address: _____ City: _____ Province: _____ Postal Code: _____

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:

1. **All invoices are payable within 30 days of invoice** unless otherwise stated on the invoice.
2. In the 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.
3. 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.
4. **No returns unless authorized by WASIP Ltd.** All returns must have an R.G.A. Number. Any unauthorized returns will be refused.

I, the undersigned, being (title) _____ of the applicant company does agree to the above terms and conditions.

Date: _____ Signature: _____

Title: _____ Firm Name: _____

CREDIT DEPARTMENT USE ONLY	
Credit Department Use Only: _____	Date Credit Approved: _____
D & B Rating: _____	Bank Report Received: _____
Account Number: _____	Credit Limit: _____
Credit Rating Assigned: _____	Industry Code: _____
Sales Rep: _____	
Comments: _____	