

Application for Credit

If you have not ordered from us before, please fill in & remit back.
Fax: 403- 793- 8641. or E-mail: orders@locksnbows.com
Address: 32 Park Place, Brooks, Alberta, Canada, T1R 1G6

COMPANY NAME: _____

ADDRESS _____

CITY, PROV. & CODE _____ TEL. _____

G.S.T. TAX NO. _____ PROV. TAX NO. _____

AUTHORIZED SIGNATURES _____

LENGTH OF TIME IN BUSINESS _____

NAME OF BANK _____ TEL. _____

ESTABLISHED SUPPLIERS:

1. _____

2. _____

3. _____

Agreement with Locks & Bows Ltd.

In consideration of purchasing goods on credit:

1. We will pay within 30 days of the billing date the amount shown on statement.
2. We acknowledge the right to assess our firm a service charge of 24% per annum (2% per month) on any balance over 30 days past due and we agree to pay said service charge.
3. I consent to a credit investigation.

DATE _____, 20_____

AUTHORIZATION APPLICANT'S SIGNATURE FOR
NAME OF COMPANY _____

SIGNATURE _____