For Office Use Only



Credit Application for Business Accounts

Coquitlam-Abbotsford-Langley-Chilliwack-Victoria-Kelowna-Kamloops-Prince George- Grande Prairie-Red Deer-Edmonton-Calgary

Please print clearly and complete in full. Applications will not be processed if incomplete.

	Bus	siness and Cred	it Tutorm	ation - Must be c	ompietea in fuii	
Company Name:						
Primary Business Addre	ess:				(please list ship to locations on separate page))
City:			Province:		Postal Code:	
Years at Current Address:			Phone:		Fax:	
Bank Name:					-	
Bank Address:			City:			
Account Manager:			Phone: Email:			
ccount Numbers: Savings:				Chequing:		
		Bus	siness Co	ntact Information	n	
Accounts Payable:						
·		Fax:		Email:		
Date Business Commenced:			Nature of Business:			
Sole Proprietorship:		Partnership:		Corporation:	Other:	
,			sponsible	e for Business Tra	ansactions	
Full Name:		Title:		Phone:	Email:	
Full Name:		Title:		Phone:	Email:	
			Purchasii	ng Information		
Amount Requested:	amount Requested: PO # Required?			Instructions for required PO#:		
Company Name:			Account Number:			
Company Name:				Account Number:		
City: .,.			Province:		Postal Code:	
Phone: Fax: .,m .m,.m,./.			Email: ,.m,.m,.			
Company Name:			Account Number:			
City:			Province:		Postal Code:	
Phone:			Email:			
Company Name:			Account Number:			
its.			Province:		Postal Code:	
Phone:	Fax:		Email:	roomont		
1 All invoices are to be	naid within 30 days o	of date of invoice. If		reement	6 (26.8% per annum) will be calculated from 30 days	after
invoice date until the d	ate of payment.	or date or invoice. If	uripaiu, ari	interest charge or 2%	5 (20.6% per annum) will be calculated from 50 days	, arter
2. The applicant/guara	ntor authorizes KMS To	ools & Equipment Lt	td. to collect	t, use and disclose the	e information collected.	
3. The applicant/guara	ntor agrees to pay in f	ull all debts to KMS	Tools & Equ	uipment Ltd.		
4. The applicant/guara	ntor agrees that any o	verdue account is s	ubject to wi	th-held shipments, cre	edit hold and/or possible account closure.	
			Sig	gnature		
By signing, the applicar	nt/guarantor agrees al	l information submit	tted is corre	ect and true and the a	greement has been acknowledged and agreed to by:	
Signature of Applicant/	Guarantor:					
Title:	e:		Date:			