

Credit Application

CANADIAN CUSTOMERS

Name of Business (Billing Address)

Name _____
Address _____
City _____
Province _____ Postal Code _____
Phone _____
Fax _____
Email (main address) _____

Shipping Address

Name _____
Address _____
City _____
Province _____ Postal Code _____
Phone _____
Website _____

Company Information

☐ Corporation ☐ Proprietorship ☐ Partnership

How many years in business? (*min 2 years*) _____

Date of incorporation _____

Landlord's Name _____

Landlord's Address _____

City _____ Province _____ Postal Code _____

Names and addresses of Proprietors and Principals:

Have you or other Principals of your business ever been or are currently in bankruptcy proceedings? ☐ Yes ☐ No

Have creditors filed any judgements against your company? ☐ Yes ☐ No

Payables

Contact Person _____

Phone _____

Email _____

Title _____

Fax _____

I prefer invoices sent via: ☐ Email ☐ Fax ☐ Mail

Are purchase orders used? ☐ Yes ☐ No If NO, please list names of persons authorized to submit orders:

continue on reverse side...

Return completed form

by email to info@geobezdan.com or by fax to 604 299 5464.

Standard processing time of 5 to 10 business days applies. Please complete all fields on both pages to speed processing.

References

Bank _____
 Branch _____
 Address _____
 City _____
 Province _____ Postal Code _____
 Phone _____
 Fax _____
 Bank Account # _____
 Bank Contact _____

This is not a personal guarantee

I hereby represent that I am authorized to submit this application on behalf of the customer named above, and that the information provided is for the purpose of obtaining credit and is warranted to be true. I/We hereby authorize Geo. Bezdán Sales Ltd. to investigate the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection and legal expenses and interest may be charged to debtor in the event of default or failure to pay for goods sold and delivered. I further represent that the customer applying for credit has the financial ability and willingness to pay all invoices with established terms.

Signature _____
 Name _____
 Title _____
 Date _____

Trade Reference #1

Business Name _____
 Contact Name _____
 Address _____
 City _____
 Province _____ Postal Code _____
 Phone _____
 Fax _____
 Email _____

Trade Reference #2

Business Name _____
 Contact Name _____
 Address _____
 City _____
 Province _____ Postal Code _____
 Phone _____
 Fax _____
 Email _____

Trade Reference #3

Business Name _____
 Contact Name _____
 Address _____
 City _____
 Province _____ Postal Code _____
 Phone _____
 Fax _____
 Email _____

By signing this application we agree to your 2% 20 Days, Net 30 credit terms and invoices will be paid by the end of the month following invoice date. For overdue accounts, we understand that orders will be held until account is brought up to date and credit terms may be revoked if account is not kept in good standing.

Credit Limit Requested _____
 Name _____
 Signature _____

For OFFICE USE ONLY

Credit Approved ☐ Yes ☐ No

Credit Limit _____

Signed _____

Date _____

Comments _____
