



# CREDIT APPLICATION

## WAREHOUSE SERVICES INC.

EDMONTON NORTH, EDMONTON SOUTH, LEDUC, LLOYDMINSTER,  
SHERWOOD PARK, CALGARY NORTH, CALGARY SOUTH.

ACCOUNTING

TEL: 780.702.2114 TOLL FREE: 1.800.362.1847

FAX: 780.430.0179 EMAIL: GERRY@WSIONLINE.CA

9815 - 42 AVE. EDMONTON, AB T6E 0A3

*This application must be completed in full otherwise credit will not be issued.  
PLEASE PRINT CLEARLY.*

**Name of Company:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Shipping Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**# of Years in Business:** \_\_\_\_\_ **# of years at Current Address:** \_\_\_\_\_

**OFFICERS** (First and Last Names MUST be included)

**Owner:** \_\_\_\_\_

**Accounts Payable:** \_\_\_\_\_ **Type to enter text** \_\_\_\_\_ **Phone # (if different)** \_\_\_\_\_

**Purchasing (Parts man):** \_\_\_\_\_ **Phone # (if different)** \_\_\_\_\_

**REFERENCES** (Local Suppliers Only)

**(FAX #'s REQUIRED)**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**BANK REFERENCE**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**ARE PURCHASE ORDERS REQUIRED: Yes or No** (Please Circle) **If YES then.. Written or Verbal** (If Yes Please Circle one)

Yes I would like my monthly statement emailed (no hard copy) Email: \_\_\_\_\_

Yes I would like to have monthly specials emailed to me. Email: \_\_\_\_\_

(Please Check)

(if different than above)

**TERMS**

All accounts are due and payable Net 30 days of the month following the purchase.  
All overdue accounts are subject to the interest rate of 2.0% per month (24% per annum).

**DECLARATION**

- I/We confirm that the above information is true and is given for the purchase of obtaining credit.
- I/We agree to make all the payments on their due date according to the terms of the sale.
- I/We further agree to pay all the interest charges on the overdue amounts at the rate of 2% per month. (24% per annum)
- I certify that I am authorized to make this request for credit on behalf of this company//or my partner(s), and they are aware of this application.

Internal Use	
Acc	
Slm	
PG	

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date