



# Credit Application

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

ACCOUNTING

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This application must be completed in full otherwise credit will not be issued  
If completing this form in ink, Please PRINT clearly.

## Name of Company

Billing Address:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

Shipping Address:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

# of Years in Business:

# of years at Current Address:

OFFICERS (First and Last Names MUST be included)

Owner:

Accounts Payable:

Email:

Phone:

Purchasing (Parts person):

Email:

Phone:

## REFERENCES

Name

Email:

Fax:

Phone:

Name

Email:

Fax:

Phone:

Name

Email:

Fax:

Phone:

## BANK REFERENCE

Name:

Phone:

Address:

Contact:

Email:

ARE PURCHASE ORDERS REQUIRED? YES OR NO

IF YES, THEN: WRITTEN OR VERBAL

I WOULD LIKE OUR MONTHLY STATEMENT EMAILED: YES NO Email:

I WOULD LIKE TO HAVE MONTHLY SPECIALS EMAILED: YES NO Email:

## 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 of 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

Position (Please PRINT)

Name (Please Print)

Date