



# CREDIT APPLICATION

Trade/Legal Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ GST Number \_\_\_\_\_

Type of Business \_\_\_\_\_ No. of Years in Business \_\_\_\_\_

A/P Contact Person \_\_\_\_\_ Email \_\_\_\_\_

**CHECK ONE:**     Sole Proprietor     Partnership     Corporation     Limited Company

**PRINCIPALS:**

President or Owner \_\_\_\_\_ Treasurer or Partner \_\_\_\_\_

Bank \_\_\_\_\_ Phone \_\_\_\_\_

Branch \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**BUSINESS CREDIT REFERENCES:**

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Company Name: \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

**Estimated annual purchase amount. \$** \_\_\_\_\_      **Credit Limit Requested? \$** \_\_\_\_\_

Are monthly statements required?    Yes    No      Are purchase order numbers required?    Yes    No

**Credit terms are 30 days from Invoice date. If the account is not paid on terms, you authorize the account balance to be charged to the credit card?**

**Credit Card Number** \_\_\_\_\_      **Expiry** \_\_\_\_\_

My signature below (a) certifies that the above information is correct; (b) indicates permission to obtain credit information from my bank and business credit references; (c) attests financial responsibility and willingness to pay invoices in accordance with terms; (d) gives consent to the disclosure of any information concerning the undersigned to any credit reporting agency, person, or firm with whom the undersigned has or may have financial relations.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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