



Phone: (780) 451-3202 Toll Free: 1-866-557-3225  
Fax: (780) 451-1982 Toll Free: 1-866-557-3226

5863 – 166 Avenue, Edmonton, AB T5Y 0J2

### Credit Application

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

Billing address: \_\_\_\_\_  
No. Street City Province Postal Code

Ship to address (if different): \_\_\_\_\_  
No. Street City Province Postal Code

Telephone #: ( ) Fax #: ( ) A/P contact: \_\_\_\_\_

Principal's name(s): \_\_\_\_\_

Business primarily engaged in: \_\_\_\_\_ Date established: \_\_\_\_\_

This is a:  Limited co.  Incorporated  Partnership  Other (specify): \_\_\_\_\_

Amount of monthly credit desired: \_\_\_\_\_ Purchased orders required:  Yes  No

Bank name, address and phone #: \_\_\_\_\_

**Trade References:** (Contacted by fax so please include the fax number.)

1.) Name: \_\_\_\_\_ Fax #: ( )

Address: \_\_\_\_\_  
No. Street City Province Postal Code

2.) Name: \_\_\_\_\_ Fax #: ( )

Address: \_\_\_\_\_  
No. Street City Province Postal Code

3.) Name: \_\_\_\_\_ Fax #: ( )

Address: \_\_\_\_\_  
No. Street City Province Postal Code

**Our terms:**

Net 30 days from the invoice date. All accounts over 45 days will be placed on a COD basis. Interest is charged at 2% per month on all overdue accounts.

I/we the undersigned authorize ID Key Company Inc. to obtain business credit information from credit and banking services.

Agreed to by (signature): \_\_\_\_\_ Position: \_\_\_\_\_

Print above signature: \_\_\_\_\_ Date: \_\_\_\_\_

The above person acknowledges that he/she understands and agrees by the terms herein stated.

All questions must be answered in order for this application to be considered.