

CREDIT APPLICATION



7434 - 18 Street
Edmonton, AB T6P 1N8
Phone: (780) 440-4376
TF: (877) 585-5055

Legal Business Name: _____
Trade Name (if different from above): _____
Address: _____

Phone*: _____ Fax*: _____
**IMPORTANT! Please be sure to include BOTH Fax & Phone Numbers.*
Number of years in business: _____ Credit Limit Requested: \$ _____
Limited Co. _____ Partnership _____ Proprietorship _____

Shipping Address: If different than mailing address:

Preferred Payment Method:
 Cheque Credit Card
 EFT Cash

Required Contact Information
Contact name for ordering: _____ Title: _____
Direct phone: _____ Email: _____
Contact for invoicing / payables _____ Title: _____
Direct phone: _____ Email: _____

How did you hear about Thermex? Approved Vendor Sales Visit Magazine
 Word of Mouth Google/ Internet Other: _____

Principal(s) Name, Address & Phone Number: _____

Bank: _____ Account Manager: _____
Address: _____ Phone #: _____
_____ Fax #: _____
_____ Account #: _____

Supplier References - Name & Contact:	Address:	Email (Required):
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Are your purchases from us PST exempt? Yes _____ No _____ If so, what is your PST number? _____

TERMS OF SALE: Our terms of sale are NET 30 DAYS from the date of the invoice. Interest on past due accounts is 2% per month. Charges for collection of past due accounts will be paid by the customer.

I/WE hereby confirm that I/WE have read and understand the terms of the sale conditions. I/WE confirm that all information on this application is true and correct.

Signature(s) of authorized signing officer(s): _____
Date: _____ Print Name(s): _____
Title(s): _____