

Diversified



Chain & Rigging

Phone: 403-501-5513. Fax: 403-501-5514. Mail: Box 278 Brooks AB. T1R 1B3

Credit Application:

Business Name: _____ Date: _____

Mail: _____ Postal Code: _____

Shipping Address: _____

Email: _____

Phone Number: _____ Fax: _____

Requested Credit Amount: _____

Principles/Owners

#1 Name: _____ Title: _____

Mail Address: _____ Postal Code: _____

Contact #: _____ Cell: _____

#2 Name: _____ Title: _____

Mail Address: _____ Postal Code: _____

Contact #: _____ Cell: _____

References

Bank: _____ Contact: _____ Phone: _____

Supplier: _____ Contact: _____ Phone: _____

Supplier: _____ Contact: _____ Phone: _____

I/We _____ and _____ of _____
(Name of Principle) (Name of Principle) (Company Name)

Hereby confirm that the above information given for the purpose of obtaining credit is true and correct. Should application be approved, I/We agree to pay same on or before the 30th day of the month following the purchase and to pay interest on any balance not so paid at the rate of 24% per annum until paid in full. Please note our terms are net 30 days.

Authorize Signature: _____ Title: _____

All accounts must be signed to be considered and should be sent back to the account manager.