



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

Telephone #: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Principal(s): \_\_\_\_\_  
 Name Phone E-mail address

Accounts Payable: \_\_\_\_\_  
 Name Phone E-mail address

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

Business Type:  Corporation  Sole Proprietorship  Partnership  Other: \_\_\_\_\_

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

Invoice Delivery:  With orders  Mail  Fax  E-mail: \_\_\_\_\_

Monthly Statement Delivery:  Mail  Fax  E-mail: \_\_\_\_\_

Bank Information: \_\_\_\_\_  
 Name Address 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:**

"I agree to pay my account in accordance with ID Key's terms of Net 30 days. Accounts over 45 days will be placed C.O.D. Interest is charged at 2% per month on all overdue accounts. I agree to pay all costs in the collection of past due payments whether or not a suit or action is filed. If litigation is commenced, I agree to pay such additional sums as the court may judge to be reasonable as attorney's fees in the litigation, or any appeal there from. Should a dispute arise, the laws of the province of Alberta and the terms and conditions of this credit agreement shall govern. All disputes must be filed in the Province of Alberta, City of Edmonton. ID Key is hereby authorized to investigate all trade references and obtain information from credit reporting agencies. In the event of cheques being returned by the bank for insufficient funds, I agree to pay the current rate per each cheque returned. I understand that credit is extended by ID Key for my convenience and that ID Key shall have the right to terminate this agreement at any time without notice to me. I agree that upon termination of this credit agreement, all sums owing on the date of termination shall be immediately due and payable, together with charges applicable thereto. The information herein contained is complete and truthful. I have read and accept the terms and conditions of sale shown on this credit agreement."

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

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

Please return to ID Key by fax to 780-451-1982 or by email to sales@idkeyco.com.