



Phone: (780) 451-3202 Toll Free: 1-866-557-3225
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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.