

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION					
Company name		Date business commenced			
Contact Person		☐ Corporation Type of Business:			
Phone Fax		☐ Partnership / Sole Proprietor			
E-mail		Owner/President			
Registered company address City, Province, Postal Code		Credit Limit Requested	\$		
BUSINESS AND CREDIT INFORMATION					
Bank Contact Name:		Bank name:			
Phone Fax		Bank address City, Province, Postal Code			
E-mail		Account number			
	BUSINESS/TRAI	DE REFERENCES			
Company name		Phone			
Address		Fax			
City, Province, Postal Code		E-mail			
Payment Terms		Contact Name			
Company name		Phone			
Address		Fax			
City, Province, Postal Code		E-mail			
Payment Terms		Contact Name			
Company name		Phone			
Address		Fax			
City, Province, Postal Code		E-mail			
Payment Terms		Contact Name			
AGREEMENT					

- 1. All invoices are to be paid 30 days from the date of the invoice. Claims arising from invoices must be made within seven working days.

 Undersigned agrees to a 2% service charge per month on all overdue accounts, and to pay any collection and/or legal fees associated with past due accounts.
- 2. By submitting this application, you authorize BFD Building Centre Inc. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES				
Officer Signature		Officer Signature		
Name and Title		Name and Title		
Date		Date		