

# FORMULA DISTRIBUTORS

7205 BROWN STREET • DELTA • B.C • V4G 1G5  
PHONE (604) 940-3399 • TOLL FREE 1-800-663-5603  
FAX (604) 946-6827 • TOLL FREE 1-888-847-3727  
www.Formuladistributors.com

## APPLICATION FOR CREDIT

Must be filled in completely.

Account Trade Name: \_\_\_\_\_  
Business Name if Different: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Billing Address if Different: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Date Started: \_\_\_\_\_  
PLEASE CHECK ONE: \_\_\_ INDIVIDUAL \_\_\_ PARTNERSHIP \_\_\_ LIMITED CO.  
Provincial Sales Tax #: \_\_\_\_\_ GST# \_\_\_\_\_  
Requested Amount of Credit: \_\_\_\_\_ Tire Tax# \_\_\_\_\_

## ADMINISTRATIVE CONTACTS

Owner/ President: \_\_\_\_\_ Other: \_\_\_\_\_  
Purchasing: \_\_\_\_\_ Accounting: \_\_\_\_\_

## CREDIT REFERENCES

Name	Contact	Phone	Fax	Email
1. _____				
2. _____				
3. _____				

## BANK REFERENCES

Name	Address, City, PC	Contact	Phone
1. _____			
2. _____			

Applicants signature attest financial responsibility, ability and willingness to pay our Invoice in accordance with the following forms terms net 10 following Invoice date. Past due account will be charged a 2% per month carrying charge until account is paid in full. There will be a \$45.00 charge on any NSF cheque In the event that the account becomes past due, I on behalf of the Company or Corporation and Individually, will be obligated to pay for all purchases, cost and /or penalties incurred in the collection of said past due account.

The above information is for the purpose of obtaining credit and is warranted to be true. We hereby authorize FORMULA DISTRIBUTORS LTD. To Investigate the references listed pertaining to my/ our credit and financial responsibility.

Date: \_\_\_\_\_  
By: \_\_\_\_\_ Title: \_\_\_\_\_  
By: \_\_\_\_\_ Title: \_\_\_\_\_