

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: _____