

Phone: (587) 486-9925 Fax: (403) 327-4660	National Parts Distributing Ltd. APPLICATION FOR CREDIT	311 33 rd Street North Lethbridge, Alberta, T1H 3Z6
--	--	---

BUSINESS CONTACT INFORMATION

Title:			
Company Name:			
Phone:	Fax:	E-mail:	
Registered Company Address:			
City:	Province:	Postal Code:	
Date Business Commenced:			
Sole Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Other <input type="checkbox"/>

BUSINESS AND CREDIT INFORMATION

Primary Business Address:			
City:	Province:	Postal Code:	
How long at current address:			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	Province:	Postal Code:	
Type of account:	Account number:		
Savings <input type="checkbox"/>	Requested Credit Limit:		
Chequing <input type="checkbox"/>	GST/HST Exempt:	GST Number:	
Other <input type="checkbox"/>	Person Responsible for Accounts:		

BUSINESS/TRADE REFERENCES (No Banks, Finance Co's, or Fuel Accounts)

Company Name:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	
Type of Account:	Contact:		
Company Name:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	
Type of Account:	Contact:		
Company Name:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	
Type of Account:	Contact:		

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice, unless otherwise stated
2. Goods purchased will remain property of National Parts Distributing Ltd. until payment has been made in full.
3. Claims arising from invoices must be made within seven working days.
4. By signing and submitting this application, you indicate that all the above information is correct, and authorize National Parts Distributing Ltd. to make inquiries into the banking and business/trade references that you have supplied.

AUTHORIZED SIGNATURE OF APPLICANT	NATIONAL PARTS OFFICE ONLY		
Name:	Date Received:		
	Received By:		
Date:	Title:	Approved (Y/N):	Date Approved: