



4008 MYRTLE STREET BURNABY, B.C. V5C 4G2
 Phone (604) 873-5394 Fax (604) 873-5313
 info@westcoast-tool.com

CREDIT APPLICATION

PLEASE PRINT

TRADE NAME: _____ PHONE#: _(_____)_____

FAX#: _(_____)_____

STREET ADDRESS CITY/TOWN/PROVINCE POSTAL CODE

ADDRESS: _____

CORPORATION: _____ PARTNERSHIP _____ PROPRIETORSHIP _____

PRINCIPAL(S): _____

BILL TO ADDRESS: _____

SHIP TO ADDRESS: _____

TYPE OF BUSINESS: _____ (MANUFACTURING, RESALE, OTHER...)

DATE ESTABLISHED: (MO./YR) _____ EST. CREDIT REQUIRED: _____

TAX NUMBERS: PROVINCIAL _____ G.S.T.# _____

CONTACT NAME (RE: ACCT. PAYABLES): _____

E-mail address where the invoices will be sent: _____

BANK / ADDRESS: _____ PHONE #:_(_____)_____

Fax#_(_____)_____

ACCOUNT #: _____ ACCT. MANAGER: _____

TRADE REFERENCES: NAME PHONE# FAX#

1. _____ -(_____)_____ -(_____)_____

2. _____ -(_____)_____ -(_____)_____

3. _____ -(_____)_____ -(_____)_____

DATE SUBMITTED _____
 MM/DD/YY

OFFICE USE ONLY

ACCT#:

SPECIAL BILLING INFORMATION: _____

SALESMAN: _____ TERRITORY: _____

APPROVED: _____ DATE: _____

TERMS OF CREDIT

- A) All invoices are **DUE AND PAYABLE** 15 days from receipt of invoice. We reserve the right to refuse shipment to any account that has a past due balance.
- B) All invoices that are 60 Days **PAST DUE**, the account will be **CLOSED** and changed into a credit card account.
- C) Account customers must maintain a \$ 4500.00 total in a calendar year to have a chargeable account. Net 15 accounts that can't obtain that dollar amount will have thire account closed and changed to a credit card account.
- D) A Monthly service charge will be charged on any account in arrears at the rate set by **Westcoast Tool Sales & Service Ltd.**, which at present is at 2% per month.
- E) In the event of a disputed invoice the customer must notify **Westcoast Tool Sales & Service Ltd.** in writing within (15) fifteen days of the invoice date by specifying the invoice number, the nature of the dispute and the amount under dispute. This information must be forwarded to our credit department for clarification.

We/I, the undersigned, certify that the above information of terms is understood and agree that the usual credit inquiries may be made at anytime regarding the credit hereby applied for. We/I, hereby authorize the company to whom this application is submitted, to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirements. Any conflict to the above terms of credit will void credit application.

This consent is given pursuant to chapter 78, section 12, of the Credit Reporting Act, R.S.B.C., 1979.

CONTACT NAME (RE: ACCT. PAYABLES): _____

E-mail address where the invoices will be sent: _____

TO BE SIGNED BY A DIRECTOR &/OR OFFICER.

Date: _____ Signature: _____

Title: _____ Print Name: _____

Name of the Company: _____

**Please Fax Back to 604-484-2019
E-mail: info@wctool.ca**