

CREDIT APPLICATION



7434 - 18 Street
 Edmonton, AB T6P 1N8
 Phone: (780) 461-4337
 Fax: (780) 440-4376 TF:
 (877) 585-5055

Legal Business Name: _____

Trade Name (if different from above:) _____

Address: _____

Phone*: _____ Fax*: _____

**IMPORTANT! Please be sure to include BOTH Fax & Phone Numbers.*

Number of years in business: _____ Credit Limit Requested: \$ _____

Limited Co. _____ Partnership _____ Proprietorship _____

Shipping Address: If different than mailing address:

Preferred Payment Method:

Cheque Credit Card

EFT Cash

Required Contact Information

Contact name for ordering: _____ Title: _____

Direct phone: _____ Email: _____

Contact for invoicing / payables _____ Title: _____

Direct phone: _____ Email: _____

How did you hear about Thermex?

Approved Vendor Sales Visit Magazine

Word of Mouth Google/ Internet Other: _____

Principal(s) Name, Address & Phone Number: _____

Bank: _____ Account Manager: _____

Address: _____ Phone #: _____

_____ Fax #: _____

_____ Account #: _____

Supplier References - Name & Contact:	Address:	Phone:	Fax or Email (Required):
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are your purchases from us PST exempt? Yes _____ No _____ If so, what is your PST number? _____

TERMS OF SALE: Our terms of sale are NET 30 DAYS from the date of the invoice. Interest on past due accounts is 2% per month. Charges for collection of past due accounts will be paid by the customer.

I/WE hereby confirm that I/WE have read and understand the terms of the sale conditions. I/WE confirm that all information on this application is true and correct.

Signature(s) of authorized signing officer(s): _____

Date: _____ Print Name(s): _____

_____ Title(s): _____

PLEASE EMAIL CREDIT APPLICATION TO: CUSTOMERSERVICE@THERMEXMETAL.COM OR FAX TO: (780) 440-4373