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APPLICATION FOR CREDIT

CUSTOMER LEGAL NAME _____ FAX NO. _____

ADDRESS _____ CITY _____ POSTAL CODE _____ TELEPHONE NO. _____

PRINCIPALS _____ NAME _____ POSITION _____

NATURE OF BUSINESS:

BUSINESS TYPE: Limited Company Partnership Proprietorship Non-Profit Other _____

YEAR OF INCORPORATION _____ HOW LONG AT PRESENT LOCATION _____

BANK _____ TELEPHONE NO. _____

ADDRESS _____ CONTACT PERSON _____

AMOUNT OF MONTHLY CREDIT REQUIRED _____ MONTHLY ANNUAL

TRADE REFERENCES (LIST THREE SUPPLIERS WITHIN THE CREDIT RANGE LISTED ABOVE)

NAME _____ (AREA CODE) TELEPHONE NO. _____ (AREA CODE) FAX NO. _____

ACCOUNTS PAYABLE CONTACT:

NAME _____ TITLE _____ TELEPHONE NO. _____

ARE PURCHASE ORDERS REQUIRED? YES NO EMAIL: _____

TERMS

CUSTOMERS WILL BE RESPONSIBLE FOR ALL COLLECTION COSTS.
INTEREST CHARGES SHALL BE LEVIED ON ALL OVERDUE ACCOUNTS – INTEREST CHARGES = 18% PER ANNUM.
INVOICES ARE PAYABLE NET 30 DAYS FROM DATE OF INVOICE.
ACCOUNTS THAT EXCEED AN ARRANGED CREDIT LIMIT OR ARE 60 DAYS OVERDUE MAY BE SUSPENDED FROM CREDIT PURCHASING.
ERRORS, SHORTAGES, AND CLAIMS MUST BE REPORTED WITHIN 10 DAYS OF SHIPMENT, AFTER WHICH TIME CREDITS WILL NOT BE ISSUED.
THE SIGNING AND RETURNING OF THIS APPLICATION FOR CREDIT DOES NOT AUTOMATICALLY EXTEND CREDIT PRIVILEGES.
WHILE APPLICATION IS BEING PROCESSED ALL PURCHASES WILL BE ON A C.O.D. BASIS.

I HEREBY CONSENT CHRYsalis TO OBTAIN SUCH CREDIT INFORMATION AS THEY DEEM NECESSARY TO VERIFY THE INFORMATION PROVIDED ABOVE.

DATE _____ AUTHORIZED SIGNATURE _____ TITLE _____

COMMENTS: _____