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CREDIT APPLICATION

ORDER PENDING

Company/or Name _____

Billing Address _____

City _____ Province _____ Postal Code _____

Shipping Address (if different) _____

City _____ Province _____ Postal Code _____

Provincial Sales Tax # _____ Tel # _____ Fax # _____

GST Registration # _____ Email _____

Accounts Payable Contact _____ Tel # _____

FULL NAME OF OWNER, PARTNERS OR DIRECTORS

NAME	TITLE	HOME ADDRESS	HOME TELEPHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date Established _____ Credit Limit Requested \$ _____

CREDIT REFERENCES

Check applicable : Proprietorship** Partnership * Corporation *

* Company Bank _____ Branch _____ Acct# _____

** Personal Bank _____ Branch _____ Acct# _____

SUPPLIER REFERENCES

1) Name _____ Tel # _____

Address _____ Fax # _____

2) Name _____ Tel # _____

Address _____ Fax # _____

3) Name _____ Tel # _____

Address _____ Fax # _____

I consent to receive electronic communications from Trydor Industries (Canada) Ltd and its related and affiliated entities, (e.g. promotions, product information). I understand that I can withdraw my consent at any time. Yes No

I CERTIFY THE ABOVE INFORMATION TO BE CORRECT AND I ACCEPT THE TERMS OF PAYMENT:

It is understood and agreed that accounts are due 30 days after date of invoice. A service charge will apply on the amount of any overdue account from the date such account becomes overdue. Service charges are at the rate of 1 ½% monthly. I hereby authorize Trydor Industries (Canada) Ltd. To obtain any background information it deems necessary concerning this application, including, but not confined to, reports from the Credit Bureaus, Retail Credit Co., or any other source or agency that Trydor Industries (Canada) Ltd. Considers necessary.

SIGNATURE OF APPLICANT _____ DATE _____

NAME (please print) _____ TITLE _____