



## Credit Application Form

NAME/ADDRESS		
Company Name:		GST Number:
Contact Person:		Date Business Established:
Company Address (Cannot be a PO Box):		
City:	Province:	Postal Code:
Telephone No.:	Fax No.:	Email Address:
Mailing Address:		
City:	Province:	Postal Code:
COMPANY INFORMATION		
Business Type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Division/Subsidiary		
If Division/Subsidiary, Name of Parent Company?		
Address:		
City:	Province:	Postal Code:
Telephone No.:	Fax No.:	Email Address:
Is the Parent Company responsible for payment of bills? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Company Principal Responsible for Business Transactions:		Title:
Address:		
City:	Province:	Postal Code:
Name of Company Principal Responsible for Business Transactions:		Title:
Address:		
City:	Province:	Postal Code:
BANK REFERENCE		
Bank Name:	Branch Name:	
Bank Contact:	Telephone No. & Ext.:	
Address:		
City:	Province:	Postal Code:
TRADE REFERENCE		
Company Name #1:	Contact Name:	
Email or Fax:	Account Open Since:	
Company Name #2:	Contact Name:	
Email or Fax:	Account Open Since:	
Company Name #3:	Contact Name:	
Email or Fax:	Account Open Since:	
Company Name #4:	Contact Name:	
Email or Fax:	Account Open Since:	



## Credit Application Form

### ACCOUNTING INFORMATION

Accounts Payable Contact:	Accounts Payable Email:
Accounts Payable Phone No. & Ext.:	Fax No.:
Desired Credit (if more than \$1,000):	Are Purchase Orders Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Preferred method of receiving invoices for payment: <input type="checkbox"/> Mail <input type="checkbox"/> Email	Email Address:
Does your Company require Monthly Statements <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Upon Request	
Does Pickford have a Vendor Account Number with your company? If yes, please provide the number:	
Payment Method: <input type="checkbox"/> Cheque <input type="checkbox"/> EFT <input type="checkbox"/> Not Set Up for	
Interested in EFT Information? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### TERMS AND CONDITIONS

All accounts are COD until a credit application has been completed, reviewed, and approved. The terms are Net 30 Days from the date of invoice unless otherwise stated. Overdue accounts are assessed at 24% per annum (2% interest per month). Outstanding accounts balances settled via credit card are subject to a 3% service charge.

### ACCEPTANCE AND APPROVAL

Signing this agreement indicates your acceptance of the Terms and Conditions stated. In addition, you authorize the Pickford Group Ltd. to make any and all inquiries necessary to process this Credit Application.

Name of Authorized Representative:		Title:
Signature:	Phone No. & Ext.:	Date:

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