

STAMPEDE



CREDIT APPLICATION

| | | |
|--|---|---------------------------------|
| COMPANY NAME: | | |
| MAILING ADDRESS: | | |
| CITY: | PROVINCE: | POSTAL CODE: |
| SHIPPING ADDRESS: | | |
| CITY: | PROVINCE: | POSTAL CODE: |
| PHONE NUMBER: () | CELL NUMBER: () | FAX NUMBER: () |
| E-MAIL ADDRESS: | | |
| ACCOUNTS PAYABLE CONTACT: | PHONE NUMBER: () | FAX NUMBER: () |
| AMOUNT OF CREDIT DESIRED: | /Month | PURCHASE ORDERS REQUIRED? Y / N |
| GST : # | PST: # | |
| BUSINESS FORMAT: | Corporation Partnership Sole Proprietorship | YEAR ESTABLISHED: |
| UNDER PRESENT OWNERSHIP SINCE: | Premises: Owned: Rented: Leased: | |
| Building Owner/Management Firm (Name & Phone Number): | | |
| PRINCIPALS AS FOLLOWS: | | |
| NAME: | HOME ADDRESS: | TITLE: |
| 1 | | |
| 2 | | |
| 3 | | |
| REFERENCES: | | |
| BANK: | BRANCH: | CONTACT: |
| PHONE NUMBER: () | FAX NUMBER: () | |
| OTHERS: (PROVIDE THREE MAJOR SUPPLIERS) *Do NOT include oil companies, banks, credit card companies | | |
| NAME: | ADDRESS: | |
| 1 | | |
| | PHONE: () | FAX: () |
| 2 | | |
| | PHONE: () | FAX: () |
| 3 | | |
| | PHONE: () | FAX: () |
| I/WE certify that the information provided above is true and correct. | | |
| | | INITIALS: _____ |
| Please sign the attached " Terms of Credit " and return ASAP | | |

TERMS OF CREDIT

1. All invoices are **due and payable** upon receipt of invoice.
2. Interest at the rate of **24% per annum** will be charged on overdue invoices.
3. Customers whose accounts remain **unpaid for 60 days** from the date of invoice may be placed on hold, or whose account exceeds the credit limit established may be placed on a **C.O.D.** basis until the balance is paid in full or special arrangements have been made with our credit department.
4. In the event of a disputed invoice the customer must notify Stampede Crane in **writing within twenty days** of the invoice date by specifying the invoice number, the nature of the dispute and the amount under dispute. This information should be forwarded to our credit department for clarification.
5. Customers whose accounts **exceed a 60-day** credit limit may be placed in collection unless special arrangements regarding the overdue account have been made in writing with our company. All collection fees, legal fees, court costs and interest will be the responsibility of the customer.
6. Any account, which requires a collection agency or legal action to collect, may be placed on **permanent C.O.D.** and any purchases on credit could be prohibited until other arrangements are made.

I/We, the undersigned certify that the above information of terms to be understood and agree that the credit inquiries which may include accessing personal Credit Bureau information, may be made regarding the credit hereby applied for. **I/We** consent to the disclosure of any information concerning the undersigned; to any credit reporting agency, person, or firm with whom the undersigned has or may have financial relations. **I/We** agree to be jointly and individually liable, which means we are liable both individually and together for all amounts charged to the account.

TO BE SIGNED BY OWNER OR OFFICER OF THE COMPANY

REGISTERED NAME OF COMPANY

AUTHORIZED SIGNATURE

DATE

PRINT NAME

TITLE

Please return both pages initialed & signed ASAP in order to establish account