



Saskatoon Office: 4205 - 76th Ave, Edmonton, AB T6B 2H7  
Telephone: (780) 466-9155 Fax: (780) 469-5646

### APPLICATION FOR CREDIT (Please Print)

**\* Required Fields**

\* COMPANY LEGAL NAME \_\_\_\_\_

\* TRADE NAME \_\_\_\_\_

DATE INCORPORATED \_\_\_\_\_ BUS. SINCE \_\_\_\_\_ # OF BRANCHES \_\_\_\_\_  
(attach list of branches)

\* ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

\* POSTAL/ZIP CODE: \_\_\_\_\_ \* TELEPHONE ( ) \_\_\_\_\_ \* FAX ( ) \_\_\_\_\_

RELATED COMPANIES \_\_\_\_\_ \* NATURE OF BUS. \_\_\_\_\_

**COMPANY OFFICERS:**

\* PRESIDENT \_\_\_\_\_ \* SECRETARY/TREASURER \_\_\_\_\_

\* CONTROLLER \_\_\_\_\_ \* ACCT'S PAYABLE CONTACT \_\_\_\_\_

NAME FREIGHT CARRIER(S) USED \_\_\_\_\_

**REFERENCES:**

|      | NAME  | FAX # | TELEPHONE # |
|------|-------|-------|-------------|
| * 1. | _____ | _____ | _____       |
| * 2. | _____ | _____ | _____       |
| * 3. | _____ | _____ | _____       |
| * 4. | _____ | _____ | _____       |

\* NAME OF COMPANY BANK \_\_\_\_\_ \* TELEPHONE # ( ) \_\_\_\_\_

\* BANK ACCOUNT # \_\_\_\_\_ \* ACCOUNT MANAGER \_\_\_\_\_

\* CREDIT LIMIT REQUIRED \_\_\_\_\_ \* ESTIMATED YEARLY VOLUME \_\_\_\_\_  
(one month's charges)

TERMS OF CREDIT: All accounts are **NET 30 DAYS**. Interest at 2% per month will be charged on all invoices older than 30 days. I hereby agree to pay any interest charges appearing on my statement. I also agree to allow HWT Ltd. to check our credit rating with any source they may choose.

\* DATE \_\_\_\_\_ \* SIGNATURE/TITLE \_\_\_\_\_

Your HWT Salesperson \_\_\_\_\_ Salesperson # \_\_\_\_\_

**HEAD OFFICE USE ONLY**

Composite Index \_\_\_\_\_ Payment Index \_\_\_\_\_ Negative Occurrences \_\_\_\_\_

Credit Approved \_\_\_\_\_ Customer Acct Code \_\_\_\_\_ Credit Declined \_\_\_\_\_

Date \_\_\_\_\_ Approved by \_\_\_\_\_