



3228 Parsons Rd. Edmonton, Alberta T6N 1M2 T: 780.434.8746 F: 780.430.5380

CREDIT APPLICATION

BUSINESS ORGANIZATION complete as required (missing information will be considered incomplete)

Company Name/Branch Office: _____		
Address: _____		
	Tel: _____	Fax: _____
Head Office if different from above: _____		
Address: _____		
	Tel: _____	Fax: _____
*Send Invoices to: Contact Person: _____ E-mail: _____		
Head Office <input type="checkbox"/> Branch Office <input type="checkbox"/> Other <input type="checkbox"/> please specify: Name: _____		
Address: _____ E-Mail: _____ Tel: _____		
Principals/ Name: _____ Title: _____ Tel: _____		
Managers Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Co-operative <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/>		

ACCOUNTS PAYABLE CONTACT

Contact Name: _____		Tel: _____
Length of time Business in Operation: _____	Type of Business: _____	
Business Premises: Own <input type="checkbox"/> Rent <input type="checkbox"/>	Name of Landlord: _____	
Credit Limit Requested: \$0-1,000 <input type="checkbox"/> \$1,000-5,000 <input type="checkbox"/> \$5,000+ <input type="checkbox"/> Other <input type="checkbox"/> please specify: _____		

BANK REFERENCE

Bank Name: _____		Tel: _____
Address: _____		
Account # _____	Manager or Contact Person: _____	

MEDIA REFERENCES (2)

Company Name: _____	Tel: _____
Address: _____	Fax: _____
Company Name: _____	Tel: _____
Address: _____	Fax: _____

TRADE REFERENCES (3)

Company Name: _____	Tel: _____
Address: _____	Fax: _____
Company Name: _____	Tel: _____
Address: _____	Fax: _____
Company Name: _____	Tel: _____
Address: _____	Fax: _____

TERMS AND CONDITIONS

1. I/We hereby authorize AWNA to obtain information related to this application from any source listed, credit reporting agency, credit bureau or corporation. I certify that the information contained in all parts of this document to be true, complete and correct and all future information supplied will be covered under the same agreement.
2. Our terms are Net 30 days from publication date of invoice, with interest charges applied monthly on overdue accounts at the rate of 2% per month. In the event the terms of this agreement are broken, the undersigned herewith promises to pay all legal and collection costs for the amounts due.
3. Any change to these terms and conditions by client will render this application unacceptable.
4. *All invoices and corresponding tearsheets will be posted on our ftp site for retrieval. An e-mail notification will be sent to the contact person listed above.
5. All invoices shall be conclusively deemed complete and accurate for all future purposes unless client advises us in writing of any discrepancy within 30 days of the invoice date.
6. AWNA complies with all Federal Privacy Laws. Please contact us for further information.

Authorized Signature: _____ Title: _____

Name Printed: _____ Date: _____