



CREDIT APPLICATION

COMPANY INFORMATION

Company Name _____

Address _____

City _____ Province _____ Postal Code _____

Tel _____ Fax _____ Cell _____

Accounts Payable Contact _____ Email _____

Years in Business _____ Are Purchase Orders Required? Y N Number of Employees _____

Type of Business _____ Credit Amount Requested _____

COMPANY OWNERS

1. Name _____ Position _____

Address _____ Tel _____

2. Name _____ Position _____

Address _____ Tel _____

Company Bank _____ Branch & Address _____

Account # _____ Contact Person _____ Tel _____

TRADE REFERENCES

1. Name _____ Tel _____

Address _____ Fax _____

2. Name _____ Tel _____

Address _____ Fax _____

3. Name _____ Tel _____

Address _____ Fax _____

To help us serve you better, please take the time to answer these questions:

1)How did you hear about us? _____

2)Where did you find our phone number? _____

3)Do you know anyone that is a customer of ours? _____

I/we the undersigned, hereby authorize A&B Tool Rentals Ltd. or its appointed representative to obtain such reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement. This consent is given pursuant to section 12 of the credit reporting act, R.S.B.C. should credit be granted, the undersigned personally guarantees and indemnifies payment of all amounts owed to A&B Tool Rentals Ltd.

ALL OVERDUE ACCOUNTS WILL BE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH (18% PER ANNUM). TERMS ARE NET 30 DAYS OF INVOICE. Accounts receivables are reported to the Equifax database.

Signature _____ Title _____

Print Name _____ Date _____

For office use only:

Charge Acct. Approved: Y _____ N _____ Date _____ Credit Limit _____ Account # _____