

**EDMONTON FASTENERS & TOOLS LTD.****100% Canadian-Owned & Operated****WEST - 16409 111 AVENUE EDMONTON AB T5M 2S2 PH: 780-484-3113****SOUTH - 9619 42 AVENUE EDMONTON AB T6E 5R2 PH: 780-437-6858****WEB - www.edmfast.com****CREDIT APPLICATION****COMPANY INFORMATION**

LEGAL NAME			
OPERATING NAME			
BILLING ADDRESS			
PHONE			
SHIP TO ADDRESS			
PHONE			
TYPE OF BUSINESS			
CREDIT REQUESTED			
PO REQUIRED?	YES	NO	DOI: <input type="text"/>

CONTACT INFORMATION

PURCHASER #1			
PHONE / EMAIL	<input type="text"/>	<input type="text"/>	
PURCHASER #2			
PHONE / EMAIL			

ACCOUNTS PAYABLE CONTACT

PHONE / EMAIL	<input type="text"/>	<input type="text"/>
INVOICE / STATEMENT EMAIL	<input type="text"/>	

BANK INFORMATION

BANK	<input type="text"/>	ACCOUNT NO: <input type="text"/>
ADDRESS	<input type="text"/>	
CONTACT	<input type="text"/>	
PHONE / EMAIL	<input type="text"/>	<input type="text"/>

TRADE REFERENCES

COMPANY NAME	<input type="text"/>		
ADDRESS	<input type="text"/>		
PHONE	<input type="text"/>		
CONTACT INFO (EMAIL OR FAX)	<input type="text"/>		

COMPANY NAME	<input type="text"/>		
ADDRESS	<input type="text"/>		
PHONE	<input type="text"/>		
CONTACT INFO (EMAIL OR FAX)	<input type="text"/>		

COMPANY NAME	<input type="text"/>		
ADDRESS	<input type="text"/>		
PHONE	<input type="text"/>		
CONTACT INFO (EMAIL OR FAX)	<input type="text"/>		

I am an authorized representative of this company and hereby certify that the above information is accurate and complete.

I authorize Edmonton Fasteners & Tools to obtain credit information from credit reporting agencies and other sources as required.

I authorize the institutions listed in this credit application to release the information to Edmonton Fasteners & Tools Ltd.

SIGNATURE: _____

DATE: _____

FOR OFFICE USE ONLY:

APPROVED BY

CREDIT:

#

ACCT REP:

