

**AGGRESSIVE  
TUBE  
BENDING INC.**

“The Mercedes of Bends”

9750 - 188<sup>TH</sup> St.  
Surrey, B. C., V4N 3M2

Telephone (604) 882-4872  
Toll Free 1-800-991-2363  
Facsimile (604) 882-4873

**CREDIT APPLICATION**  
(Please print and complete in full)

Business Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Name & Phone # of Parent Co./ Head Office (If Subsidiary/Division) \_\_\_\_\_

Premises: Own \_\_\_\_\_ Rent \_\_\_\_\_ Landlord's Name & Phone # \_\_\_\_\_

Type of Business \_\_\_\_\_ In Business since \_\_\_\_\_ Business Number \_\_\_\_\_

Type of Ownership: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Principals: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Position: \_\_\_\_\_

Accounts Payable Manager \_\_\_\_\_ Purchasing Agent(s) \_\_\_\_\_

Credit Limit Required \$ \_\_\_\_\_ Pst Exemption # \_\_\_\_\_

Bank \_\_\_\_\_ Branch Address \_\_\_\_\_

Account # \_\_\_\_\_ Account Manager \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**TRADE REFERENCES**

Company:	Contact Name:	Phone #:	Fax #:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**DECLARATION:** The undersigned hereby applies for a commercial credit account and certifies that the above information is correct. I/We consent to any inquiries necessary in order to reach a decision regarding this application and agree to abide by your terms of **NET 30 DAYS FROM DATE OF INVOICE** if credit is extended. I/We also agree to pay interest charges on overdue accounts at the rate of 24% per annum (2% per month). Our understanding is the above information will be used solely for the purpose of creating and maintaining our account. All information will be held in strict confidence and will not be provided to any outside agency without our consent, as in accordance with the *Personal Information Protection and Electronic Documents Act*.

Date: \_\_\_\_\_

\_\_\_\_\_  
Name & Title of Authorized Officer

\_\_\_\_\_  
Signature

Account #	Equifax #	Approved	Date