



Fasteners  
Abrasives  
Safety Supplies  
Tools - Hand, Power, Air

# CREDIT APPLICATION & INFORMATION FORM

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BUSINESS TYPE:  
-LIMITED COMPANY \_\_\_-PROPRIETORSHIP \_\_\_-GENERAL PARTNERSHIP \_\_\_-LIMITED PARTNERSHIP \_\_\_

PRINCIPAL OWNER(S): \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CREDIT AMOUNT REQUESTED: \_\_\_\_\_

GST#: \_\_\_\_\_ PST EXEMPT#: \_\_\_\_\_

PO # REQ'D: YES \_\_\_\_\_ NO \_\_\_\_\_ MONTHLY STATEMENT REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_

PLEASE ADVISE AS TO WHETHER YOU WOULD PREFER INVOICES TO BE FAXED OR MAILED. \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

PURCHASING ACCOUNTS PAYABLE

CONTACT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

BUSINESS PROPERTY: OWNED \_\_\_\_\_ NAME OF MORTGAGE HOLDER \_\_\_\_\_

RENTED \_\_\_\_\_ NAME OF LANDLORD \_\_\_\_\_

NAME & ADDRESS OF BANK: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

TRADE REFERENCES: ADDRESS: PHONE No: & FAX No:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

3.) \_\_\_\_\_

I/WE THE UNDERSIGNED AGREE AND ARE LIABLE FULLY FOR ANY INTEREST CHARGED AT 2% PER MONTH, 26.8% ANNUALLY ON ALL ACCOUNTS OVERDUE PAST 30 DAYS. OVERDUE ACCOUNTS ARE CONSIDERED IN DEFAULT AND AS SUCH, ALL COLLECTION COSTS INCURRED BY US WILL BE ADDED TO THE UNPAID BALANCE. I/WE AUTHORIZE AIRARMS INDUSTRIAL LTD. TO DO A CREDIT CHECK AND OBTAIN ANY INFORMATION REQUIRED FOR THE ESTABLISHMENT AND MAINTENANCE OF A CREDIT ACCOUNT. I/WE CERTIFY THE ABOVE INFORMATION PROVIDED, TO BE COMPLETE AND TRUE.  
THIS CONSENT IS GIVEN PURSUANT TO SECTION 12 OF THE PERSONAL CREDIT REPORTING ACT, R.S.B.C.1979.

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_

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