



Fasteners
Abrasives
Safety Supplies
Tools - Hand, Power, Air

CREDIT APPLICATION & INFORMATION FORM

DATE: _____

COMPANY NAME: _____

ADDRESS: _____ CITY _____ POSTAL CODE: _____

BUSINESS TYPE & YEAR ESTABLISHED: _____

-LIMITED COMPANY ___-PROPRIETORSHIP ___-GENERAL PARTNERSHIP ___-LIMITED PARTNERSHIP ___

PRINCIPAL OWNER (S): _____

TELEPHONE: _____ FAX: _____ CREDIT AMOUNT REQUESTED: _____

GST#: _____ PST EXEMPT#: _____

All INVOICES will be FAXED to the Above FAX NUMBER

PO # REQ'D: YES _____ NO _____ MONTHLY STATEMENT REQUIRED: YES _____ NO _____

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: or 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: _____

Unit # 301 - 13395 - 76 Avenue, Surrey, B.C. V3W 6K2

Phone: (604) 590-1186 or Fax (604) 590-0701

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