

PO Box 183, Plamondon, Alberta, T0A 2T0
Ph: (780) 798-2224 Fax: (780) 798-2224 Email: <u>info@mdisuppliers.com</u>

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION								
Legal Trading Name:								
Operating Name:								
Phone:	ne: Fax:				E-mail:			
Mailing address:					Email for Invoicing:			
City: Province:					Postal Code:			
Shipping Address:				A/P Contact:				
Date business commenced:				pe of Business:				
ole proprietorship:		Partnership:			Corporation:		Other:	
PO# Required:		Credit Requested:			:			
BUSINESS AND CREDIT INFORMATION								
Bank name:								
nk address:				Phone:				
City:				Province:			Postal Code:	
ype of Account: Savings Chequing Other Other								
ccount Number:					G.S.T. Registration Number:			
BUSINESS REFERENCES								
Company name:								
Address:								
City:				Province: P			Postal Code:	
Phone:	one: Fax:			E-mail:				
Company name:								
Address:								
City:				Province:			Postal Code:	
Phone:		E-mail:						
Company name:								
Address:								
City:			Prov		vince:		Postal Code:	
Phone: Fa		Fax:		E-mail:				
NAME & ADDRESS OF OWNER(S) / PRINCIPLE(S)								
Name:	e: Title: Ad		Addre	ddress:			Ph:	
Name:	Title: Ac		Addre	ddress:		Ph:		
AGREEMENT								
 The applicant consents to MDI Suppliers o/a Martushev Distributors Inc making an Enquiry of such Persons, Firms or Corporations as it deems necessary in order to reach a decision on this application. Information Received will be treated as CONFIDENTIAL AND USED FOR CREDIT PURPOSES ONLY. 								
2. The undersigned shall pay all costs incurred by MDI Suppliers o/a Martushev Distributors Inc in the collection of monies owing to MDI Suppliers. On approved credit, MDI Suppliers payment terms are Net 30 Days from the date of invoice.								
3. The applicant further agrees to pay interest at the rate of TWO (2%) PERCENT per month on overdue accounts.								
COMPANY AUTHOURIZED OFFICER SIGNATURE - PLEASE PRINT CLEARLY								

Authorized Signature:

Company:

Date:

Print Name:

Title: