



100, 238 11<sup>th</sup> Avenue SE  
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# APPLICATION FOR CREDIT

Company Name \_\_\_\_\_

Main Contact(s) \_\_\_\_\_ AP Contact \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Number of Years in Business? \_\_\_\_\_

President \_\_\_\_\_ Vice President \_\_\_\_\_

Purchase Mgr. \_\_\_\_\_ Acct's Payable \_\_\_\_\_

Separate invoicing for your different departments?  No  Yes If Yes, Please Explain:

Pay off monthly owing with Credit Card? Card # \_\_\_\_\_

Exp \_\_\_\_\_ Name on Card \_\_\_\_\_ Sign \_\_\_\_\_

Tax Exempt?  yes  no Tax Exemption# \_\_\_\_\_

PO required?  yes  no Credit Limit Request? \$ \_\_\_\_\_

### Trade References (excluding office supply and delivery companies)

Company Name \_\_\_\_\_ AR Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Company Name \_\_\_\_\_ AR Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Company Name \_\_\_\_\_ AR Contact \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Bank Name \_\_\_\_\_ AR Contact \_\_\_\_\_

Address \_\_\_\_\_ Acct # \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

create  
 innovate  
 differentiate

**We appreciate your co-operation in filling out this form and the information you have provided us.**

**All information submitted will be treated as strictly confidential.**

I understand that the seller's normal terms are net 30 days, 1.5% per month, 18% per annum charged on all overdue accounts and that freight and insurance charges are the buyers responsibility. Accounts for which payment has not been received within 30 days of the invoice date will be subject to suspension of credit privileges. I, the undersigned, grant permission to check our company credit history pursuant to opening an account with ABL Imaging Group, as well as to charge the net owing to provided credit card number if requested by client.

Date \_\_\_\_\_ Signature \_\_\_\_\_

