



APPLICATION FOR ACCOUNT: RETURN FAX NUMBER 780-490-2466 ATTN: KAREN THIBAUT

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ PROV. \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_ ESTABLISHED IN: \_\_\_\_\_

MAILING ADDRESS FOR INVOICES/STATEMENTS IF DIFFERENT:

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ PROV. \_\_\_\_\_ P/CODE \_\_\_\_\_

PURCHASE ORDERS REQUIRED: YES \_\_\_\_\_ NO \_\_\_\_\_ SALES TAX EXEMPT: YES \_\_\_\_\_ NO \_\_\_\_\_ (IF YES, ATTACH COPY OF EXEMPTION FORM)

ENTITY: CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ INDIVIDUAL \_\_\_\_\_ DATE OF BIRTH (INDIVIDUAL) \_\_\_\_\_

COMPANY OFFICERS:

NAME (1) \_\_\_\_\_ TITLE: \_\_\_\_\_ NAME (2) \_\_\_\_\_ TITLE \_\_\_\_\_

BANKING INFORMATION:

BANK \_\_\_\_\_ ACCT NO. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/PROV. \_\_\_\_\_ MANAGERS NAME \_\_\_\_\_

MAJOR SUPPLIERS:

(1) NAME: \_\_\_\_\_ CITY \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

(2) NAME: \_\_\_\_\_ CITY \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

(3) NAME: \_\_\_\_\_ CITY \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

LIST OF EQUIPMENT OWNED OR RENTED:

EQUIPMENT DESCRIPTION (MODEL AND S/N)	OWNED/RENTED	MORTGAGED OR RENTED FROM:
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____


The undersigned agrees should credit be extended to my company or myself individually payments are to be in accordance with the terms set forth on invoice(s) and shall be due to Equipment Sales & Service Limited. Past due amounts, 30 days or over, are subject to time price differential of 2%per month (24% per annum). Should the service of any agency or attorney be necessary to collect amount outstanding, I/We agree to pay all cost of such collections, including reasonable attorney fee.

TERMS:

No Goods can be returned without prior authorization in writing and a copy of the invoice(s). Special orders from factory are returnable for credit. If goods are accepted for return a 20% minimum charge will be made for re handling etc and such goods must be delivered to the company's place of business by the customer with the charges prepaid. If credit for return goods or any correspondence concerning the invoice(s) is required, you must refer to the invoice number. Claims for error or imperfections should be made in writing within five (5) days of receipt of goods.

I/We authorize Supplier to inquire into and obtain from any bank, lending institution, credit reference or credit reporting agency any and all information relating to my/our creditworthiness or financial condition.

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SIGNATURE PLEASE PRINT NAME TITLE DATE

 2111 - 80th Avenue Edmonton, AB T6P 1N3 tel: 780-440-4010 toll free: 1-800-319-7787 fax: 780-440-4787	651 Douglas Fir Road Sparwood, BC V0B 2G0 tel: 250-425-7018 fax: 250-425-9400	8029 River Way Delta, BC V4G 1L3 tel: 604-946-3771 toll free: 1-800-661-1157 fax: 604-946-3772
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