



17886 106 Ave
 Edmonton, Alberta
 T5S 1V4
 PH: 780-455-8822
 FAX: 780-455-8836

BUSINESS CREDIT APPLICATION
(All Spaces Must Be Completed & Insurance certificate attached)

Company Name:			
Billing Address:	City:	Prov:	P/C:
Shipping Address:	City:	Prov:	P/C:
Branch Office:			
Phone:	Fax:	E-Mail:	

Business Structure: (Sole Ownership, Partnership, Corporation, Etc.):		
Type of Business:	Year Established:	At Current Address Since:
GST #	Credit Amount Requested:	

Owner/President:
G. Manager:
A / P Manager:

Trade References			
Firm Name:	City/Prov:	Phone:	Fax:
1.			
2.			
3.			

Terms and Conditions: I understand that rentals and/or purchases shown on contracts, invoices and monthly statements must be paid 30 days following the date of invoice. It is also understood that accounts 30 days overdue or more may be subject to an interest charge of 2% per month. This charge shall be debited directly to the account and will become part of the total amount payable. The undersigned certifies that the above information is correct. I hereby authorize T3 Safety Rentals Inc., to obtain a credit report or other credit information from references provided to us. I also authorize T3 Safety Rentals Inc., to hold, use, exchange and disclose this information as required in order to administer our application and account for present and future consideration. **The undersigned has authority to bind the applicant.**

 Authorized Signature Print Name -Title Date Signed

Office Use Only: Approved: _____ Declined: _____ COD: _____ Date: _____ Init: _____