

"Your Partner In Safety"

Aid

Options Response

Protection Detection

Commercial Credit Application

105-171 Commercial Dr. Kelowna, B.C. V1X 7W2 Ph. 250-763-5005 Fx. 250-763-3473 Toll Free 1-800-420-5005

Wear Extinguishers

Company Legal Name:					
Operating As:					
Street Address:			City:		
Ship To Address:					
Province		Postal Code			
Company Legal Name:					
Sole Prop/Partnership/Cor	p	A/P Contact			
Address:		Postal Code			
Phone		Email address:			
Date of Inc	GST#	PO Required:	Y N		
APPLICANT CREDIT CARE) #	NAME ON CARD		EXP	
President/Owner Name		Home Address:			
Home Phone					
Vice or Partner Name		Home Address			
Home Phone					
Have Any owners Claimed	Bankrupcy in the last 7	years			
BANK NAME:		MANAGER:			
ADDRESS					
PHONE NUMBER:		FAX NUMBER:			
DO YOU HAVE ANY PEND	T				
CREDIT REFERENCES:	*YOU MUST PROVIDE E		R YOUR REF	PHONE	
NAME		*EMAIL			
NAME		*EMAIL			
NAME The undersigned certifies that they are a legal representative of the		*EMAIL			
agreement on their companies be Equipment Ltd and hereby agree Terms of credit are NET 30 day company's credit limit will be set assessed through a credit rep immediately upon receipt of good Safety Equipment Ltd in writing Canada Safety Equipment Ltd upon PRINT NAME:	to the following if accepted as sefrom delivery date. Credit may be a based on a credit score from corting company such as Equation by notifying Canada Safety of any changes in ownership of any changes in ownership of any paid in full.	s a credit account. ay be suspended or cancelle a reputable credit-reporting uifax or Dunn & Bradstreet cequipment Ltd of any issues of the company. All merchand	ed for accounts of firm. All applica	over 45 days. Your ations for credit will at invoices must be reading agrees to notify Case exclusive property	
SIGNATURE: Website		DATE:			
Training Spill First	Fall Gas (Confined Protective	Eye & Ear	Fire	

Space Entry

Clothing