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Fax: 780-567-4908
Web: www.tripaksuperlubricants.com

CREDIT APPLICATION

***Please make sure both sides and ALL areas of credit application are complete, or application may not be processed.**

Applicant's Business Name (if a corporation, provide full legal name) (The "Applicant") Corp. (Ltd.)

Corporation Partnership Sole Proprietorship

Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Phone: _____ Fax: _____ Email: _____

Principal: _____ Title: _____

Principal: _____ Title: _____

Bank: _____	Acct. Manager: _____
City: _____	Phone: _____

E-Mail Address to Submit Invoice and/or Statements:	AP Contact Name and Phone:

IF SOLE PROPRIETORSHIP OR PARTNERSHIP, please complete this area:

Owner's/Partner's Name(s)	Date of Birth
_____	_____
_____	_____

I/We _____ and _____

of _____ apply to you for

credit for the supply of services and materials in accordance with this application for credit.

**Signature of Director/
Shareholder/Partner
or Authorized Person:** _____ Title: _____

Dated: _____ Amount of Credit Requested: _____

INDEMNIFICATION OF DEBTS OF THE CORPORATION / PARTNERSHIP / SOLE PROPRIETORSHIP

I/We/Applicant will jointly and severally indemnify you as principal debtors, and see you paid for your account with respect to any order now or hereafter made by any of us. I/We/Applicant further agree to pay your account within your terms of net 30 following the date purchase and to pay service charges on overdue accounts at the rate of 2% / month (26.77% / annum). I/We/Applicant understand and consent to you obtaining a consumer report containing personal and/or credit information in connection with this application for credit and indemnification of debts of the corporation.

Date: _____ Signature: _____

Signature: _____

COMPANY INFORMATION

Nature of Business: _____ Years in Business: _____

Purchase Order Required? Yes No

Special Invoicing Instructions: _____

Delivery Address (if different from billing address): _____

CREDIT REFERENCES

Please supply at least 3 TRADE credit references EXCLUDING finance and fuel companies (PROVINCIAL if possible).

Supplier: _____
Contact Name: _____
Address: _____
City: _____
Phone: _____ Fax: _____
Email: _____

Supplier: _____
Contact Name: _____
Address: _____
City: _____
Phone: _____ Fax: _____
Email: _____

Supplier: _____
Contact Name: _____
Address: _____
City: _____
Phone: _____ Fax: _____
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Address: _____
City: _____
Phone: _____ Fax: _____
Email: _____

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CREDIT DEPARTMENT

Date: _____ Credit Approved: _____