



Credit Application for Business Accounts

For Office Use Only

Coquitlam - Abbotsford - Campbell River - Kelowna - Langley - Red Deer - Victoria - Edmonton - Kamloops

Please print clearly and complete in full. Applications will not be processed if incomplete

Business and Credit Information - Must be completed in full

Company Name:

Primary Business Address:

(please list ship to locations on separate page)

City:

Province:

Postal Code:

Years at Current Address?

Phone:

Fax:

Bank Name:

Bank Address:

City:

Account Manager:

Phone:

Email:

Account Numbers:

Savings:

Chequing:

Business Contact Information

Accounts Payable:

Phone:

Fax:

Email:

Date Business Commenced:

Nature of Business:

Sole Proprietorship:

Partnership:

Corporation:

Other:

Principals Responsible for Business Transactions

Full Name:

Title:

Phone:

Email:

Full Name:

Title:

Phone:

Email:

Purchasing Information

Amount Requested:

PO Required?

Instructions for Billing:

Persons Authorized to Charge to Account:

Business/Trade references - We require three active references before we will process this application

Company Name:

Account Number:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

Company Name:

Account Number:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

Company Name:

Account Number:

City:

Province:

Postal Code:

Phone:

Fax:

Email:

Agreement

1. All invoices are to be paid within 30 days of date of invoice. If unpaid, an interest charge of 2% (26.8% per annum) will be calculated from 30 days after invoice date until the date of payment.
2. The applicant authorizes KMS Tools & Equipment Ltd. to collect, use and disclose the information collected.
3. The applicant agrees to pay in full all debts to KMS Tools & Equipment Ltd.
4. The applicant agrees that any overdue account is subject to withheld shipments, credit hold and/or possible account closure.

Signatures of Guarantor

By signing this application, the guarantor agrees all information submitted is correct and true and the agreement has been acknowledged and agreed to by:

Signature:

Signature:

Title:

Name:

Date:

Title:

Name:

Date:

Please remit to: **1-800-567-3799** or **ar@kmstools.com**