



# Credit Application for Business Accounts

For Office Use Only

Coquitlam - Abbotsford - Langley - Victoria - Kelowna - Kamloops - Red Deer - Edmonton - Calgary

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 required PO#:

Persons Authorized to Charge to Account: *(If left blank Applicant/Guarantor assumes all risk of use including but not limited to point 3 in agreement section of this application)*

### 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/guarantor authorizes KMS Tools & Equipment Ltd. to collect, use and disclose the information collected.
3. The applicant/guarantor agrees to pay in full all debts to KMS Tools & Equipment Ltd.
4. The applicant/guarantor agrees that any overdue account is subject to with-held shipments, credit hold and/or possible account closure.

### Signatures

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

Signature of Applicant: Signature of Guarantor:

Title: Name: Date: Title: Name: Date:

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