



## MASTER CREDIT APPLICATION

Client ID Number:		Date:	
<b>Company Information:</b>			
Business Name:			
Street Address:			
Billing Address:			
Phone:		Fax:	
Nature of Business:		Number of Yrs. In Operation:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship		G.S.T.#	
Acct. Payable Contact:		Phone:	Email:
How often do you plan to use our services/per month?			
Credit Requested:			
Owners/Directors:			
1)			
2)			
3)			
<b>Bank Information:</b>			
Bank:		Account number:	
Address:			
Contact:		Phone:	

**Trade References (Please list three - must have at least one in transportation)**

**Company Name:**

Contact:

Phone:

Email:

Address:

**Company Name:**

Contact:

Phone:

Email:

Address:

**Company Name:**

Contact:

Phone:

Email:

Address:

1. The Customer acknowledges and agrees that the terms of payment are net 30 days of invoice and are subject to 2% a month, 24% per annum on overdue accounts

2. The Customer hereby authorizes their bank, as outlined above, and all other credit resources to release general credit information to RTL-Westcan Group of Companies

3. It is agreed that my/our account will become C.O.D. if I/we fail to pay invoices within the above stated terms.

4. My/our financial condition is satisfactory and I/we can meet all financial obligations

5. There are no lawsuits or judgements against me/us at this present time. If I/we default on payment of any outstanding invoices, I/we agree to pay legal and/or collection expenses.

6. I/we authorize Westcan to conduct, from time to time, personal and/or business credit investigation necessary to establish and maintain a credit account.

In consideration of you extending credit to the undersigned, I/we jointly and severally agree to pay our account according to your usual terms of sale.

Name of Authorized Person:

Position:

Signature of Authorized Person: