



CONFIDENTIAL CREDIT APPLICATION FORM

5610 HWY 2A LACOMBE, AB T4L 1A3 | PHONE: 403-782-6811 | FAX: 403-782-6866 | EMAIL: ARAP@LACOMBEFORD.COM

LEGAL TRADING NAME: _____

TELEPHONE #: _____ EMAIL: _____

BUSINESS ADDRESS: _____
_____ POSTAL CODE: _____

SHIPPING ADDRESS: _____
(if different than above)

IS PURCHASE ORDER REQUIRED? _____ YES _____ NO

REQUIRED CREDIT AMOUNT: _____ YEARS IN BUSINESS: _____

PERSON RESPONSIBLE FOR ACCOUNTS PAYABLE: _____

DIRECT PHONE: _____ EMAIL: _____

NAME & ADDRESS OF OWNER(S)/OFFICER(S)

NAME & TITLE ADDRESS PHONE #

NAME & TITLE ADDRESS PHONE #

NAME & TITLE ADDRESS PHONE #

BANK INFORMATION

NAME: _____ ADDRESS: _____ POSTAL CODE: _____

PHONE #: _____ EMAIL: _____ ACCOUNT #: _____

CREDIT REFERENCES OF MAJOR SUPPLIERS (other than telephone, stationary, courier):

NAME: _____ ADDRESS: _____

EMAIL: _____ PHONE #: _____

NAME: _____ ADDRESS: _____

EMAIL: _____ PHONE #: _____

NAME: _____ ADDRESS: _____

EMAIL: _____ PHONE #: _____

The applicant consents to Lacombe Ford Sales Ltd. making any inquiry of such persons, firms or corporations as it deems necessary in order to reach a decision on this application. Received information will be treated as confidential. The undersigned shall pay all costs incurred by Lacombe Ford Sales Ltd. in collection of moneys owing to Lacombe Ford Sales Ltd. On approved credit, payment terms are NET 10th of the month following the date of purchase. Applicant further agrees to pay interest at the rate of 1.5% per month on overdue accounts.

DATE: _____ AUTHORIZED SIGNATURE: _____

COMPANY: _____ TITLE: _____