



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

APPLICANT INFORMATION

Sole proprietorship Partnership Corporation Other _____

Company name:		Type of Business:
Phone:	Fax:	E-mail:
Registered company address:		
City:	Province:	ZIP Code:
Date business commenced:		Will POs be issued: <input type="checkbox"/> Yes <input type="checkbox"/> No

PRINCIPALS AND/OR OFFICERS

Name:	Name:
Title:	Title:
Home Address:	Home Address:
Home Phone #:	Home Phone #:

ACCOUNTS PAYABLE

Contact Name:	Phone #:	Email:
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BANKING REFERENCES

Bank name:	Name of Contact:		
Bank address:	Phone:		
City:	Province:	ZIP Code:	
Type of account/Account #:	Savings: _____	Chequing: _____	Loan: _____

CREDIT REFERENCES

Company name:	Company Name:		
Address:	Address:		
Phone: Fax:	Email:	Phone: Fax:	Email:
Credit Card/Account #:	Credit Card/Account #:		
Line of Credit/Amount Owing: \$	Line of Credit/Amount Owing: \$		

Company name:	Company Name:		
Address:	Address:		
Phone: Fax:	Email:	Phone: Fax:	Email:
Credit Card/Account #:	Credit Card/Account #:		
Line of Credit/Amount Owing: \$	Line of Credit/Amount Owing:		

PERSONAL/CORPORATE REFERENCE

Name:	Address:		
Phone:	Fax:	E-mail:	Relationship:

AGREEMENT

I am the authorized representative of the applicant named herein and wish to open a charge account and charge to said account all goods and services supplied by you, or signed by me, or by any of the authorized persons named hereunder. This application is made with the understanding and agreement that all charges for products, parts, materials, and labour will be due and payable in accordance with the terms specified by Propane Depot Inc., and there will be a service charge on all overdue amounts at the rate specified on our invoices.

I am the authorized representative of the applicant named herein, and hereby authorize Propane Depot Inc. to obtain from any credit or consumer reporting agency or any other credit grantor any information pertaining to the applicant's credit standing. All persons and/or firms contacted for such purpose may freely give any requested information concerning the applicant and hereby waive on behalf of the applicant all right of action for any consequences resulting from such information.

I authorize Propane Depot Inc. to collect, hold, use, exchange, and disclose my/our personal information as required in order to administer my account, or as required or permitted by law.

SIGNATURE

Date:	Title:	Additional Authorized Signatures Required? <input type="checkbox"/> Yes (attach) <input type="checkbox"/> No
Signature:		Print Name:



Monthly Credit Card Authorization Form

CARDHOLDER INFORMATION:

Name: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Email _____

Direct Telephone: (____) _____ - _____

CREDIT CARD INFORMATION:

Credit Card Type: MasterCard Visa

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature _____

Security Code: _____

Propane Depot Inc. also accepts payments on account by Direct Deposit ... Please contact Linda Belton at 778-710-0032 to make arrangements for Direct Deposit payments

The Cardholder, _____, authorizes Propane Depot Inc. to use the above credit card on or after the 26th of each month for payment of invoices and charges incurred during the previous month.

Signature _____

Print Name _____



www.propanedepot.ca