



## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### APPLICANT INFORMATION

Sole proprietorship  Partnership  Corporation  Other \_\_\_\_\_ Applying for  On-Site Delivery  Parts/Equip  Walk-In Fills

Company name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Registered company address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Date business commenced: \_\_\_\_\_ Will POs be issued:  Yes  No

### PRINCIPALS AND/OR OFFICERS

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

### ACCOUNTS PAYABLE

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

### 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: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Card/Account #: \_\_\_\_\_ Credit Card/Account #: \_\_\_\_\_

Line of Credit/Amount Owing: \$ \_\_\_\_\_ Line of Credit/Amount Owing: \$ \_\_\_\_\_

Company name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

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.

PAYMENT TERMS: Net 30 Days; Service Charges apply at 2.5% per month on overdue account balances.

### SIGNATURE

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Additional Authorized Signatures Required?  Yes (attach)  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: \_\_\_\_\_

**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** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Name** \_\_\_\_\_

Please return this form to [accounts@propanedepot.ca](mailto:accounts@propanedepot.ca)

Propane Depot Inc. also accepts payments by Electronic Fund Transfer. Please contact Accounts Receivable at 604-564-0364 to arrange EFT payments.



Accounts Receivable  
604-564-0364  
[receivables@propanedepot.ca](mailto:receivables@propanedepot.ca)  
[www.propanedepot.ca](http://www.propanedepot.ca)