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APPLICATION FOR CREDIT

CUSTOMER TRADE NAME \_\_\_\_\_

CUSTOMER LEGAL NAME \_\_\_\_\_

COMPLETE BILLING ADDRESS \_\_\_\_\_

\_\_\_\_\_

COMPLETE SHIPPING ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE# \_\_\_\_\_

FAX# \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

DATE BUSINESS ESTABLISHED (UNDER PRESENT OWNERSHIP) \_\_\_\_\_

INCORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ OTHER \_\_\_\_\_

OWNERS NAME \_\_\_\_\_ PHONE (RESIDENCE) \_\_\_\_\_

\_\_\_\_\_ PHONE (RESIDENCE) \_\_\_\_\_

\_\_\_\_\_ PHONE (RESIDENCE) \_\_\_\_\_

HAS ANY OFFICER/DIRECTOR/PARTNER/SHAREHOLDER OR THE PROPRIETOR BEEN  
DIRECTLY INVOLVED IN ANY PREVIOUS BANKRUPTCY? \_\_\_\_\_

CREDIT AMOUNT REQUESTED \_\_\_\_\_

A/P CONTACT & EMAIL ADDRESS \_\_\_\_\_

BUYERS CONTACT & EMAIL ADDRESS \_\_\_\_\_



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BANK NAME \_\_\_\_\_  
BANK ADDRESS \_\_\_\_\_  
BANK PHONE NUMBER \_\_\_\_\_  
BANK OFFICER \_\_\_\_\_  
TYPE OF ACCOUNT \_\_\_\_\_

TRADE REFERENCES

NAME	EMAIL	FAX#
_____	_____	_____
_____	_____	_____
_____	_____	_____

DO YOU ISSUE PURCHASE ORDERS, IF SO, PLEASE ATTACH A BLANK COPY OF YOUR PURCHASE ORDER, FRONT AND BACK

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Authorized Signature \_\_\_\_\_ Authorized Name \_\_\_\_\_ Date \_\_\_\_\_

Your signature above represents acknowledgement and acceptance of WSI Doors Ltd terms and conditions.

WSI Doors Ltd Term & Conditions:

Payment Terms are Net 30 days unless otherwise stated in the credit approval letter

At any time WSI Doors Ltd has the right to request a deposit on an order prior to leaving WSI Doors Ltd warehouse.

The applicant gives authorization to 28% per annum on all overdue amounts on their account

A credit approval letter will be sent out detailing any other specific credit terms WSI Doors Ltd has for the applicant

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**14425 - 118 Avenue, Edmonton, Alberta T5L 2M7**  
Phone (780) 454-1455 Fax (780) 454-1611 Toll Free (800) 661-9639