



# APPLICATION FOR NET 30 DAY TERM ACCOUNT

COMPANY NAME :	
STREET :	
CITY :	
PROV/STATE :	
POSTAL CODE :	
A/P CONTACT	
PURCHASING:	
PHONE :	
FAX :	
EMAIL:	

DO YOU PAY THE PST? IF NO, PST# _____  GST# _____
INCORPORATED <input type="checkbox"/> Yes <input type="checkbox"/> No
YEARS IN BUSINESS _____
AMOUNT OF CREDIT REQUIRED _____

Nature of Business: \_\_\_\_\_

### TRADE REFERENCES

1.		Phone:	
		Fax:	
2.		Phone:	
		Fax:	
3.		Phone:	
		Fax:	

### BANK REFERENCES

Bank Name :		Phone :	
Street :		Fax :	
City, Province		Contact :	
Postal Code :		Account :	

DO YOU WISH TO BE INCLUDED ON OUR MAILING LIST?: IF YES, CIRCLE CHOICE:    VIA EMAIL?    VIA FAX?  
 HOW DO YOU WISH TO BE INVOICED? (CIRCLE CHOICE)    VIA EMAIL?    VIA FAX?    VIA MAIL?  
*SIGNING THIS FORM AUTHORIZES B&E TO KEEP YOUR INFORMATION ON FILE FOR INTERNAL USES ONLY.*

Signature: \_\_\_\_\_

**CALGARY**  
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