



REMIT TO:
1900 Brigantine Drive
Coquitlam, B.C. V3K 7B5, CANADA
Email: directdeposit@skeans.com

CREDIT APPLICATION

Must be completed IN FULL. Please return via fax to appropriate branch (see fax# below)

LEGAL COMPANY NAME: _____

YEAR ESTABLISHED: _____ CORPORATION PARTNERSHIP SOLE PROPRIETORSHIP OTHER

Billing Address Shipping Address, (if different than billing)

Phone # _____ Phone # _____

Fax # _____ Fax # _____

Fax# for original invoices: _____

IMPORTANT NOTE: All invoices will be sent via fax, NO original copies will be mailed

NATURE OF BUSINESS: _____ WEBSITE: _____

**MONTHLY CREDIT LIMITED REQUESTED: \$ _____ / MONTH

ESTIMATED ANNUAL BUSINESS WITH SKEANS: \$ _____

PROVINCIAL SALES TAX: PAY EXEMPT PST EXEMPT# (or attach certificate) _____

PAYABLES CONTACT: _____ PHONE # _____

PAYABLES FAX # _____ PAYABLES EMAIL _____

TERMS & CONDITIONS

(Our credit application must be signed indicating you accept and understand our terms and conditions)

- ALL INFORMATION IS STRICTLY CONFIDENTIAL AND IS ONLY USED TO ESTABLISH CREDIT WITH OUR COMPANY
PAYMENT TERMS ARE NET 30 DAYS. PAST DUE ACCOUNTS ARE SUBJECT TO HOLD & SERVICE CHARGES WILL BE APPLIED.
WE ACCEPT VISA & MASTERCARD. IF PAYING BY VISA OR MASTERCARD IT MUST BE PROCESSED AT TIME OF SHIPMENT
**MINIMUM PURCHASE VOLUME OF \$1000/YEAR IS REQUIRED TO MAINTAIN AN OPEN ACCOUNT.
ADDITIONAL INFORMATION MAY BE REQUESTED FOR CUSTOMERS APPLYING FOR CREDIT GREATER THAN \$2500/MONTH

PRINT NAME POSITION SIGNATURE TELEPHONE #

- OFFICE USE ONLY -

ACCOUNT # _____ SLSM# _____ CLASS/TAX _____ / _____ PROV/TERR _____ / _____

P/S EVALUATED BY: _____ CREDIT APPROVED BY: _____ CREDIT LIMIT _____

MAXIMIZER _____ BRANCH _____ FILE SET UP BY: _____

COQUITLAM EDMONTON CALGARY WINNIPEG PRINCE GEORGE
F#604-777-1667 F#780-463-9156 F#403-279-6844 F#204-633-9799 F#250-564-2202