



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 # _____

Email or Fax# for original invoices to be sent: _____

IMPORTANT NOTE: All invoices will be emailed / faxed, 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 _____

TRADE REFERENCES:

COMPANY NAME	PHONE#	FAX#

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 #
- SKEANS OFFICE USE ONLY -			

ACCOUNT # _____ SLISM# _____ CLASS/TAX _____/____ PROV/TERR _____/____

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

MAXIMIZER _____ BRANCH _____ FILE SET UP BY: _____

COQUITLAM **PRINCE GEORGE** **EDMONTON** **CALGARY** **SASKATOON** **WINNIPEG**
F# 604.777.1667 **F# 250.564.2202** **F# 780.463.9156** **F# 403.279.6844** **F# 306.651.3365** **F# 204.633.9799**