

Customer Credit Application

Phone:

Customer Profile Company Legal Name: Industry: **Operating Name: Currency: Billing Address:** Street City Phone: Fax: Province/State Postal/Zip Code **Shipping Address:** Same as billing Phone: Fax: Postal/Zip Code Province/State Accounting E-mail: **Est. Annual Purchases: Purchasing Name & contact: Current Seal Supplier: Bank Reference Bank Name: Bank**

Invoices / Statements

Bank Address:

| Preferred Method: | Email | Fax | Groundmail | Portal |
|-------------------------------|-------|-----|------------|--------|
| Email Invoices/Statements to: | | | | |

City

Supplier Reference

| Company Name: | E-mail: |
|---------------|---------|
| Address: | Phone: |
| Company Name: | E-mail: |
| Address: | Phone: |
| Company Name: | E-mail: |
| Address: | Phone: |

- Invoices are due and payable 30 days from the date of the invoice.
- Interest is charged at 2% per month (24% per annum) on invoices over 30 days.
- Accounts with unpaid invoices over 60 days may be placed on HOLD without prior notice.
- NSF checks received will be subject to a \$50 NSF fee.
- There is a minimum restocking fee of \$20 per invoice for returned goods.

Authorization for Credit Verification

We authorize Hi-Tech Seals Inc. to contact our bank and suppliers as indicated above to establish a credit limit for our account. We agree to the terms outlined above. *Must be signed by an authorized representative.

| Name: | Position: |
|------------|-----------|
| Signature: | Date: |

Please complete, sign return to Accounts Receivable at (780) 434-5866 or ar@hitechseals.com.