

760, 3 STREET SE, MEDICINE HAT, AB T1A 0H7 587-289-1720 | MapleAveACEHardware.ca

CREDIT APPLICATION

PAYMENT OPTION

DATE: _____

COMPANY INFORMATION

TYPE OF BUSINESS:		ACCOUNT
COMPANY LEGAL NAME:		PERSONAL
OWNERS NAME:		BUSINESS
ACCOUNTS PAYABLE CONTACT:		
TEL:	EMAIL:	
BILLING ADDRESS:		
CITY/TOWN:	PROV: POSTAL:	

CREDIT INFORMATION _____

EMPLOYEES AUTHORIZED TO CHARGE

			Credit Card processed
			- WEEKLY
NAME 2:			- MONTHLY
NAME 3:			
NAME 4:			
CHARGE ACCOUNT			Business Invoiced
LIMIT ON ACCOUNT: \$			WEEKLY
NAME OF BANK:		_ BANK MANAGER:	_ MONTHLY
BANK TEL:		YEARS WITH BANK:	_
CREDIT CARD NUMBER :		EXPIRY: CCC:	-
CREDIT REFERENCE			
NAME:	BUSINESS:	TEL:	
NAME:	BUSINESS:	TEL:	

The above information is complete and true to the best of my knowledge. Should Maple Ave ACE Hardware grant us credit terms, we agree to abide by their terms of net 30 days from the date of invoices. In the event that credit is extended, we understand that interest charges of 2% per month, calculated and compounded monthly (26.82% per annum), may be applied to overdue balances. We agree that all related charges will be our responsibility including collection services and the cost of hiring a lawyer.

I hereby authorize Maple Ave ACE Hardware to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account.

TITLE/POSITION:	DATE:
Return by email to: Gidget@MapleAveAceHardware.ca	