



Tel: (780) 465-5160  
PLEASE RETURN TO:  
Fax: (780) 465-0451

**CREDIT APPLICATION**

Date \_\_\_\_\_

Company Name in Full \_\_\_\_\_

Address \_\_\_\_\_

Billing Address \_\_\_\_\_

Person to Contact \_\_\_\_\_

Telephone/Fax Number \_\_\_\_\_

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

Years in Business \_\_\_\_\_

G.S.T. Registration No \_\_\_\_\_

**BANK REFERENCE:**

Bank (Name) \_\_\_\_\_

Address \_\_\_\_\_

Telephone/Fax Number \_\_\_\_\_

**CREDIT LIMIT REQUEST** \_\_\_\_\_

**CREDIT REFERENCES: (Company & Contact Name, Address & Telephone Number, Credit Limit & Annual Volume)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I hereby authorize the person or firm to whom this application is submitted, or any credit bureau or other investigative agency employed by such person or firm, to investigate any references herein listed or statements or other data obtained from me or from any other person pertaining to my credit and financial responsibility.

I understand that account is to be paid **NET 30 DAYS** and that service charge will be charged on overdue accounts. There will also be a **\$30.00** charge for any N.S.F. Cheques. **All SJ products remain the property of Simple Jet Technology Co.,Ltd. until fully paid.**

Signature \_\_\_\_\_ Name(print) \_\_\_\_\_ Title \_\_\_\_\_