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CREDIT APPLICATION

Sharecost Account No.: _____
 Limited
 Non-Incorporated
 Personal

Corporate Application

Company Name: _____

Legal name (if different from above): _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Tel: _____ Fax: _____ Cell: _____

Email for billing: _____ Contact: _____

Mailing address (if different from above): _____

_____ How long at present address? _____

If less than 2 years, please state previous address: _____

_____ How long? _____

Nature of business: _____ Date business commenced: _____

Business quarters owned? Yes No If no, state name of landlord: _____

Address: _____

Estimated monthly purchases: _____

Individual and Officers' Application

President/Owner or Applicant's name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone: _____ Driver's Licence No: _____

Employer: _____

Previous employer (if less than 2 yrs.): _____

Name and address of nearest relative: _____

Purpose for opening this account: _____

Estimated monthly purchases: _____

Credit References – * * * * MUST BE FILLED OUT * * * *

Please DO NOT Use SLEGG, HOME DEPOT or RONA as References.

Name of Bank: _____ Contact: _____

Address: _____ Phone No: _____

Supplier Name: _____ Tel: _____

Address: _____ Fax: _____

Supplier Name: _____ Tel: _____

Address: _____ Fax: _____

You may provide a Credit Card to automatically bill at month end:

MasterCard Visa Card No. _____ Expiry date: _____

Purchase Order required? Yes No Job Number required? Yes No

Name(s) of people permitted to use this account: _____

P.S.T. Exemption No.: _____

I/ We hereby jointly and severally agree to pay our account (if opened) according to your terms which are net 15th of the month following. I/We hereby authorize and consent to the receipt and exchange of credit information. I/We personally guarantee to pay all outstanding accounts of the company in the event of default.

President/Owner signature(s)

Date

Name Printed

Date

Incomplete Credit Applications Will Not Be Processed

FOR OFFICE USE ONLY:

Customer Type: _____ Code: _____ Credit Limit:\$ _____

P/O required? Y / N Job Number? Y / N DWC Declined? Y

Tax Exempt? Y / N GST# _____ PST# _____ Finance Charge Exempt? Y

Special Notes: _____

Status:(circle one) 1. OK to charge 2. Provisional Account 3. Credit hold

First Activity: ____/____/____/
mm dd yy

Account Set up date: ____/____/____/
mm dd yy

Approved Yes No By: _____ Date: _____