



**EDMONTON**  
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## CREDIT APPLICATION FORM

REGISTERED LEGAL NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL/ZIP CODE: \_\_\_\_\_

SHIPPING ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OWNER/PRINCIPAL #1: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

OWNER/PRINCIPAL #2: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

### BANKING INFORMATION

BANK NAME: \_\_\_\_\_ BRANCH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL/ZIP CODE: \_\_\_\_\_

AMOUNT OF CREDIT APPLYING FOR: \$ \_\_\_\_\_

### CREDIT REFERENCES

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL/ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL/ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EXT: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ POSTAL/ZIP CODE: \_\_\_\_\_

OUR TERMS: NET 30 DAYS FROM DATE OF INVOICE. INTEREST 2% PER MONTH ON OVERDUE ACCOUNTS.

ALL OVERDUE ACCOUNTS OVER 60 DAYS WILL BE PUT ON C.O.D.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

*\*THE ABOVE PERSON SIGNS AND ACKNOWLEDGES THAT HE/SHE UNDERSTANDS AND AGREES TO ABIDE BY THE TERMS HEREIN STATED.*

\*FOR OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

YOUR APPLICATION FOR CREDIT CAN BE MAILED IN OR RECEIVED BY FAX.  
IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE DON'T HESITATE TO CONTACT US.