

LIFTSAFE FALL PROTECTION DEALER CREDIT APPLICATION



Please Note: First orders under \$1,000 must be paid by credit card. Should credit be approved, orders can then be placed on account. Exceptions may apply. Terms are NET30 upon credit approval unless otherwise approved by the credit department. Preferred Method of Payment: Cheque Electronic Funds Transfer

COMPANY INFORMATION:

Legal Company Name: _____
Mailing Address: _____
City, Province, Postal Code: _____ A/P Contact: _____
Street Address: _____ A/P Address: _____
City, Province, Postal Code: _____ A/P City, Province, Postal Code: _____
Country: _____ A/P Email: _____
Phone: _____ A/P Phone: _____
Fax: _____ Preferred Method of Invoice Delivery: _____
Email: _____

BUSINESS INFORMATION:

Business/GST Number: _____ Principal Officer: _____
PST Exemption Number: _____ Title: _____
Dunn & Bradstreet Number: _____
Legal Structure (check all that apply): Corporation Partnership LLC Sole Proprietorship Non-Profit

AUTHORIZED BUYERS: *List person(s) authorized to make purchases on your account*

Employee Name: _____ Employee Name: _____
Employee Name: _____ Employee Name: _____

PURCHASE ORDER REQUIREMENTS:

Always, NO Exceptions Always, with exceptions (list below) Not Required (Verbal Only)
Exceptions Include:

BANK INFORMATION:

Bank Name: _____ Account #: _____
Address: _____ Phone: _____
City, Province, Postal Code: _____ Fax: _____
Contact: _____ Chequing Savings Loans

TRADE REFERENCES:

Company	Contact	Fax	Email

SIGNATURE & AUTHORIZATION: *The signature below represents and warrants that (a) the party signing below is an authorized representative of the company, and (b) information provided herein is a complete and accurate representation of the company's financial situation as of the date hereof. Any misrepresentation of the information provided will be the basis for default under this agreement*

Signature: _____ Print Name: _____
Title: _____ Date Signed: _____