

ENERGY SAFETY CANADA

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Calgary, Alberta T2C 4T5 E: Accounting@EnergySafetyCanada.com

APPLICATION FOR CREDIT						
		COMPANY	DATA			
Company Name		Business Number	In Business Sin	ce (year)		
Street Address		City/Province	Postal Code			
Mailing Address (if different from above)		City/Province	Postal Code			
Type of Business: Proprietorship Partnership		☐ Corporation ☐ Other (spec	cify): Website:			
President, Owner(s) or Partner(s) Principal(s)		Telephone Number	Fax Number	Fax Number		
Accounts Payable Contact		Telephone Number	Purchase orde	Purchase orders required? ☐ Yes ☐ No		
Email address for invoices		Fax Number	\$	Credit Limit Requested: \$		
		BANKING I	DATA			
Bank Name		Address	Account Numb	er(s)		
Bank Contact	Telephone Number	Fax Number				
		REDIT REFERENCES				
COMPLETE INFORI		Address	TO PROCEED WITH APPLI City	Province	Postal Code	
Email Address		Fax Number	Contact			
Company Name		Address	City	Province	Postal Code	
Email Address		Fax Number	Contact			
Company Name Email Address		Address	City	Province	Postal Code	
		Fax Number				
such person has authority to bi company accepts and agrees the books and materials; (b) Energ interest rate chargeable by En- in the province in which the tr time; and (d) in addition to cha	nd the applicant and con nat: (a) payment of accou y Safety Canada has the r ergy Safety Canada has b ansaction is conducted, v rging interest and taking	npany and that the information ints approved for credit are do- right to charge interest on acceen set at 18% per annum con whichever is lesser); (c) Energ any steps it deems fit for coll	ergy Safety Canada. Each signa on provided in this application ue upon registration for course ounts outstanding after 30 day appounded monthly and calculat y Safety Canada has reserved t ection of outstanding and over	atory below represents and confist rue and correct. The applicate and on date of invoice for pures and at the date of this applicated daily (or the maximum rate the right to amend its credit teridue accounts, Energy Safety Caff its accounts be outstanding or	ant chases of ution the chargeable ms at any unada has	
Authorized Signature		Title		Date		
Authorized Signature		Title	Title Date			
organical c		PERSONAL GU	ARANTEE			
	te, completed, and cont	tended to the above named fi inuing one and no notice of tl	rm I personally guarantee all ir ne indebtedness or any extensi	ndebtedness hereunder. I furth on of credit already hereafter o		
Printed Name Si		Signature	Social Insurance Number	Date		
Printed Name		Signature	Social Insurance Number	Date		