



**SUTCO CONTRACTING LTD**

8561 Hwy 6 North  
Salmo, BC V0G 1Z0  
Ph: 888-357-2612  
F: 250-357-2009  
[www.sutco.ca](http://www.sutco.ca)

**APPLICATION FOR CREDIT**

Legal Name: \_\_\_\_\_ DBA: \_\_\_\_\_

Address: \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

**Email address for invoices:** \_\_\_\_\_

Billing Address (If different): \_\_\_\_\_

City, Province, Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Date Opened: \_\_\_\_\_

Corporation  Partnership  Proprietorship

**Banking Information**

Bank Name: \_\_\_\_\_ Fax or Email: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Principals**

Owners, Principals, Directors

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I/We hereby request to establish credit privileges with Sutco Contracting Ltd, and agree to pay for all purchases and labour in accordance with the terms NET 30 DAYS. I/We further agree to pay a service charge on any amounts past due, calculated at 2% per month (24% per annum). I/We certify the above information to be correct and authorize Sutco Contracting to obtain credit reports or other information as deemed necessary on the applicant or its principals in connection with the maintenance and collection of the credit account or for any other business purposes. Payment of any balance owing to your company is personally guaranteed by me.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2018

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

## **Trade References**

1. Name of Company & FAX #: \_\_\_\_\_

Contact Name & Email: \_\_\_\_\_

2. Name of Company & FAX #: \_\_\_\_\_

Contact Name & Email: \_\_\_\_\_

3. Name of Company & FAX #: \_\_\_\_\_

Contact Name & Email: \_\_\_\_\_

## **Terms Net 30 Days**

Accounts Payable Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Accounts Payable Email: \_\_\_\_\_

Billing Currency:    CDN                     USD

PST EXEMPT or PRORATE #: \_\_\_\_\_

Copy of BOL/POD required with the invoice?    YES                     NO

In alignment with Sutco's commitment to the environment and to control administrative costs our preferred method of receiving payment is Electronic Funds Transfer (EFT). Will you be paying via EFT?                    YES                     NO

## **Important Contact Information**

Who should be our primary contact for shipment related communication?

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**To Submit: Scan completed pages & email to**

**[Mel@sutco.ca](mailto:Mel@sutco.ca)**

**Or Fax – 250-357-2009**