



8561 Hwy. 6 North
P. O. Box 430
Salmo, BC
V0G 1Z0
WWW.SUTCO.CA
Phone: (250) 357-2612
Fax: (250) 357-2009

APPLICATION FOR CREDIT

Legal Name: _____ DBA: _____

Address: _____

City, Province, & Postal Code: _____

Billing address if different than above: _____

City, Province, & Postal Code: _____

Phone: _____ FAX: _____

Nature of Business: _____ Start Date: _____

Corporation: Partnership: Proprietorship:

Banking Information:

BANK NAME, ADDRESS, PHONE # & CONTACT NAME:

Principals:

Owners, Principals, Directors

NAME: _____ TITLE: _____

ADDRESS: _____ PHONE # _____

NAME: _____ TITLE: _____

ADDRESS: _____ PHONE # _____

Trade References:

Name of firm, address & phone number

1. _____

2. _____

3. _____

Terms Net 30 Days

ACCOUNTS PAYABLE CONTACT: _____ PHONE () ____-_____

ACCOUNTS PAYABLE EMAIL: _____

BILLING CURRENCY: CDN USD

PST EXEMPT or PRORATE # _____

Is a copy of the POD/BOL 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 through EFT? Yes No

Important Contact Information:

Who should be our primary contact for any shipment related communication?

Name: _____

Email: _____ Phone: _____

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 this credit account or for any other business reason. Payment of any balance owing to your company is personally guaranteed by me.

SIGNED THIS _____ day of _____, 2013, at _____

SIGNED: _____ TITLE: _____

**To submit: Scan completed pages and email to
sheri@sutco.ca
or Fax Attn: Accounts Receivable Dept. at (250) 357 -2009**

OFFICE USE: APPROVED: _____ AMOUNT: _____ DATE: _____
