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CREDIT APPLICATION

Company: _____
Name: _____
Address: _____
Phone #: _____ Fax #: _____
E-mail Address: _____ Website: _____
Years In Business: _____ IRS.#: _____ E.I.N.# _____
Corporation: _____ Partnership: _____ Proprietorship: _____
Accounts Payable Contact: _____
Approx. Credit Required: _____

CREDIT REFERENCES

Company Bank: _____ Manager: _____
Address: _____ Phone #: _____
Company: _____ Contact Name: _____
Address: _____
Phone #: _____ Fax #: _____
Company: _____ Contact Name: _____
Address: _____
Phone #: _____ Fax #: _____
Company: _____ Contact Name: _____
Address: _____
Phone #: _____ Fax #: _____

TERMS ON WHICH CREDIT IS GRANTED

1. Terms are net 30 days from date of invoice.
2. Release of orders will be withheld on overdue balances.
3. Permission must be obtained before returning goods for credit.
4. F.O.B. Vernon, BC – our plant.
5. Sales taxes are extra, if applicable.

The above information is true and accurate statement of our affairs and is made for the sole purpose of obtaining credit. We fully understand the above terms on which company grants credit.

SIGNATURE: _____ TITLE: _____
PRINT NAME: _____ DATE: _____

Please fax completed application to 1-877-260-8777.