



A.C.T. EQUIPMENT SALES LTD.

APPLICATION FOR CREDIT
PLEASE PRINT

Internal Use Only

Date Created: _____

Created by: _____

Account #: _____

C #: _____

TRADE NAME: _____

REGISTERED LEGAL NAME (If different from above): _____

PHONE#: (_____) _____ EXT: _____ FAX#: (_____) _____

ADDRESS: _____
STREET ADDRESS CITY/TOWN/PROVINCE POSTAL CODE

BILL TO ADDRESS: _____
STREET ADDRESS CITY/TOWN/PROVINCE POSTAL CODE

SHIP TO ADDRESS: _____
STREET ADDRESS CITY/TOWN/PROVINCE POSTAL CODE

GENERAL E-MAIL ADDRESS: _____

WEB SITE: _____

CORPORATION: PARTNERSHIP: PROPRIETORSHIP:

PRINCIPAL(S): _____

DATE ESTABLISHED: (MM/YYYY) _____ EST. CREDIT REQUIRED: _____

TAX NUMBERS: G.S.T. / H.S.T. # _____ PROVINCIAL _____

ARE YOUR PURCHASES FOR RESALE? YES NO

CONTACT NAMES

PRESIDENT: _____ PHONE: _____ EXT: _____

ACCOUNTS PAYABLE: _____ PHONE: _____ EXT: _____

PURCHASING MANAGER: _____ PHONE: _____ EXT: _____

GENERAL MANAGER: _____ PHONE: _____ EXT: _____

BANK NAME: _____ PHONE #: (_____) _____

ADDRESS: _____ FAX #: (_____) _____

ACCOUNT #: _____ ACCT. MANAGER: _____

TRADE REFERENCES

NAME	PHONE#	FAX#
1. _____	(_____) _____	(_____) _____
2. _____	(_____) _____	(_____) _____
3. _____	(_____) _____	(_____) _____



**A.C.T. EQUIPMENT SALES LTD.
APPLICATION FOR CREDIT CONT'D**

BILLING

WOULD YOU LIKE TO RECEIVE MONTHLY STATEMENTS? YES NO
 WOULD YOU LIKE TO RECEIVE INVOICES AND STATEMENTS VIA EMAIL OR FAX? YES NO

IF YES PLEASE COMPLETE THE FOLLOWING:

CONTACT 1:

NAME _____ TITLE: _____ FAX: _____

E MAIL (1): _____ EMAIL (2): _____

INVOICE ONLY STATEMENT ONLY BOTH

CONTACT 2:

NAME _____ TITLE: _____ FAX: _____

E MAIL (1): _____ EMAIL (2): _____

INVOICE ONLY STATEMENT ONLY BOTH

PLEASE INDICATE WITH AN (X) WHICH OF THE FOLLOWING CATEGORY BEST DESCRIBES YOUR COMPANY:

- | | |
|---|--|
| <input type="checkbox"/> MACHINE SHOP | <input type="checkbox"/> MRO – MAINTENANCE REPAIR OVERHAUL |
| <input type="checkbox"/> FABRICATION SHOP | <input type="checkbox"/> OEM – ORIGINAL EQUIPMENT MANUFACTURER |
| <input type="checkbox"/> MACHINE & FABRICATION SHOP | <input type="checkbox"/> PRODUCTION COMPANY |
| <input type="checkbox"/> WOOD WORKING | <input type="checkbox"/> RESALE |
- OTHER _____

DOES YOUR COMPANY REQUIRE PURCHASE ORDER NUMBERS: YES NO

PLEASE INDICATE WITH AN (X) IF YOUR COMPANY WILL NOT ALLOW ANY OF THE FOLLOWING:

BACKORDERS SUBSTITUTES PARTIAL SHIPMENTS PARTIAL ORDER SHIPMENTS

CORRESPONDENCE

PLEASE INDICATE WITH AN (X) IF YOU WOULD LIKE TO RECEIVE THE FOLLOWING:

WE WOULD LIKE TO RECEIVE CATALOGS AND FLYERS VIA CANADA POST: YES NO
 WE WOULD LIKE TO RECEIVE 1 PAGE FLYERS AND SPECIALS VIA FAX: YES NO
 WE WOULD LIKE TO RECEIVE FLYERS AND SPECIALS VIA E-MAIL: YES NO

PLEASE LIST BELOW NAME(S) OF PERSONNEL THAT A.C.T. CAN SEND FLYERS, CATALOGS AND SPECIALS VIA MAIL, FAX OR E-MAIL:
 IF YOU REQUIRE MORE SPACE PLEASE WRITE IT ON A SEPARATE SHEET, THANK YOU.

NAME	TITLE	FAX	E-MAIL

Internal Use Only - Branch

Branch: _____ Account Rep #: _____ Account Type: _____ Account Class: _____ Group: _____

Date Submitted: _____ Branch Manager Approval: _____

Notes: _____

Internal Use Only - Head Office

Payment Terms: _____ Credit Limit: _____ Tax Rate Area: _____

Credit Manager Approval: _____ Approval Date: _____

SPECIAL BILLING INFO: _____



A.C.T. EQUIPMENT SALES LTD.

TERMS OF CREDIT

*A) All invoices are **DUE AND PAYABLE** 30 days from date of invoice. We reserve the right to refuse shipment to any account that has a past due balance.*

*B) Monthly service charge will be charged on all accounts in arrears at the rate set by **A.C.T. Equipment Sales Ltd.**, which at present is at 1.1/2% per month.*

*C) In the event of a disputed invoice the customer must notify **A.C.T. Equipment Sales Ltd.** in writing within (15) fifteen days of the invoice date by specifying the invoice number, the nature of the dispute and the amount under dispute. This information must be forwarded to our credit department for clarification.*

We/I, the undersigned, certify that the above information of terms is understood and agree that the usual credit inquiries may be made at anytime regarding the credit hereby applied for. We/I, hereby authorize the company to whom this application is submitted, to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirements.

This consent is given pursuant to chapter 78, section 12, of the Credit Reporting Act, R.S.B.C., 1979.

TO BE SIGNED BY A DIRECTOR &/OR OFFICER.

Date: _____ Signature: _____

Title: _____ Print Name: _____

Name of the Company: _____