



17812 - 118 Ave N.W. Edm, AB, T5S 2W3

Ph: 780-442-4657

Fax: 780-443-3363

Email: accounting@locksurgeon.com

Cash Account

or Credit Account

Application / Customer Profile

Company Name _____

Years In Business _____

Trade Name Operating As _____

Address _____ City _____ Prov. _____

Postal Code _____ Phone _____ Email _____

Accounts Payable Contact _____ Phone _____

Email _____ Accounts Payable Address If different from above _____

Prov. _____ Postal Code _____ City _____

Notes:

Main Purchasing Agent _____ Phone _____

Email _____ Are Purchase Order #'s Required? Yes No

Additional Names of Purchasers: Phone Email

1) _____ Phone Email

2) _____ Phone Email

Expected Regular/Normal yearly purchasing volume \$5,000 or less \$5,000 to \$10,000 \$10,000 or more

The following two trade references may be contacted:

Contact Phone Email

1) _____ Contact Phone Email

2) _____ Contact Phone Email

Terms of credit with Lock Surgeon / Door Surgeon / Bee Cool are as follows:

1. To pay all invoices within 15 - 30 days of the invoice date.
2. To pay interest on past due amounts at the rate of 2% per month (24% per annum).
3. Past due accounts will be put on C.O.D.
4. Credit card on file can be used to process outstanding receivables on my account that are past due over 45 days.
5. To pay legal and collection costs incurred by Lock Surgeon/Door Surgeon/Bee Cool to collect past due amounts.
6. Your printed/typed name on this form will be recognized as an electronic signature.

Signature

Print Name

Date