



CREDIT APPLICATION

SEND TO: HEAD OFFICE – ACCOUNTING DEPARTMENT
 No. 3 – 8118 NORTH FRASER WAY, BURNABY, BC V5J 0E5
 TEL: 604-444-4332 FAX: 604-444-4314
 EMAIL: aclark@k2fasteners.ca

YOUR INFORMATION

COMPANY NAME:	PHONE:	FAX:
BILLING ADDRESS:	EMAIL:	
	PST:	CHARGE: <input type="checkbox"/> EXEMPT: <input type="checkbox"/>
POSTAL CODE:	“WE CERTIFY THAT THE GOODS PURCHASED UNLESS ADVISED ARE EXEMPT PST PER LICENSE # “	
SHIPPING ADDRESS:	TERMS: NET 30 DAYS FROM SHIPMENT DATE	
	PROPRIETORSHIP: <input type="checkbox"/> PARTNERSHIP: <input type="checkbox"/> LTD CO: <input type="checkbox"/>	
POSTAL CODE:	DATE OF INCORPORATION:	
	YEARS AT THIS LOCATION:	
SERVICES OR PRODUCTS YOU SUPPLY:		

	A/P CONTACT	PRINCIPAL #1	PRINCIPAL #2
NAME:			
TITLE:			
ADDRESS:			
PHONE OR EMAIL			

CREDIT REFERENCES

NAME	LOCATION	CONTACT NAME WITH PHONE, FAX OR E/MAIL

I/WE HEREBY REQUEST CREDIT ACCOMMODATION FROM K2 CORROSION FASTENERS INCORPORATED AND AGREE TO PAY FOR MY/OUR PURCHASES IN ACCORDANCE WITH TERMS STATED ABOVE. I/WE FURTHER AGREE TO PAY A SERVICE CHARGE ON ANY AMOUNTS PAST DUE CALCULATED AT THE RATE OF 2% PER MONTH (24% PER ANNUM). I/WE HEREBY AUTHORIZE THE PERSON OR FIRM 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 REQUIREMENT. I/WE CERTIFY THE ABOVE INFORMATION TO BE CORRECT.

AUTHORIZED OFFICER / TITLE (Please Print)	AUTHORIZED SIGNATURE	DATE