



## APPLICATION FOR CREDIT ACCOUNT

BOX 687  
 133 FISHER STREET  
 OKOTOKS, AB PH: 403-938-RENT  
 T1S 1A8 FAX: 403-938-7395

<b>YOUR COMPANY LEGAL NAME:</b>			
<b>PLEASE SELECT ONE:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Non Profit Org. <input type="checkbox"/> Joint Venture			
<b>STREET ADDRESS:</b>			
<b>MAILING ADDRESS:</b>			
<b>DOING BUSINESS AS-DBA-NAME:</b>		<b>BUSINESS PHONE:</b>	
		<b>BUSINESS FAX:</b>	
<b>ESTIMATED MONTHLY PURCHASES \$:</b>			
<b>TYPE OF BUSINESS:</b>			
<b>NO OF EMPLOYEES:</b>			
<b>BUSINESS START DATE:</b>			
<b>ACCOUNTS PAYABLE CONTACT:</b>		<b>PHONE:</b>	<b>FAX:</b>
<b>EMAIL:</b>			
<b>NAME OF BUSINESS OWNER(S) / OFFICER(S) OF COMPANY:</b>			
<b><u>BANK REFERENCES</u></b>			
<b>NAME:</b>			
<b>BRANCH ADDRESS:</b>			
<b>PHONE NUMBER:</b>			
<b>ACCOUNT MANAGER:</b>			
<b><u>TRADE REFERENCES</u></b>			
<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>	<b>FAX:</b>
<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>	<b>FAX:</b>
<b>NAME:</b>	<b>ADDRESS:</b>	<b>PHONE:</b>	<b>FAX:</b>

I/We the Undersigned, supply the above confidential information for the purpose of obtaining 30-day credit terms and give permission for credit investigation by Okotoks Rentals Ltd.

I/We hereby agree to terms of payment which shall be net 30-days from date of purchase/rental, unless otherwise specifically stated. In the event of default of payment, and if the same is placed in the hands of an Attorney for collection, the Undersigned agrees to pay all costs of collection, including a reasonable Attorney's fee, and the undersigned does hereby certify that the information contained above is true and correct.

**SIGNATURE (S) OF THE AUTHORIZED REPRESENTATIVE (S) OF THE COMPANY NAMED HEREIN:**

<b>NAME (print):</b>		<b>TITLE:</b>	
<b>SIGNATURE:</b>		<b>DATE:</b>	
<b>NAME (print):</b>		<b>TITLE:</b>	
<b>SIGNATURE:</b>		<b>DATE:</b>	