



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	GST# -
Phone Fax			D&B# -
E-mail			
Registered company address City, Province, Postal Code			

BUSINESS AND CREDIT INFORMATION

City, Province, Postal Code		Bank name:	
How long at current address?		Primary business address City, Province, Postal Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	

AGREEMENT

1. All invoices are to be paid 45 days from the date of the invoice. Invoices held open for 5 business days maximum.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application to accounting@xceedoilfieldsupply.com, you authorize **Xceed Oilfield Supply Ltd** to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

XCEED INTERNAL USE ONLY

Authorized By:		Signature	
Credit Limit	\$	Tier Price Group	

