



260 Park Rd West  
Steinbach, MB R5G 1V5  
Phone: (204) 326-2266  
Fax: (204) 346-3669

## Credit Application

Operating Name: \_\_\_\_\_

Corporation: \_\_\_\_\_ Partnership: \_\_\_\_\_ Proprietorship: \_\_\_\_\_ Individual: \_\_\_\_\_

Incorporated Name (if different from above): \_\_\_\_\_  
(Full Name)

Address: \_\_\_\_\_  
(No., Street, City, Province, Postal Code)

Telephone #: Office: \_\_\_\_\_ Fax #: \_\_\_\_\_

If Branch – Head Office Address: \_\_\_\_\_  
(No., Street, City, Province, Postal Code)

Accounts Payable Contact: \_\_\_\_\_  
(Name, Phone, Email)

Type of Business: \_\_\_\_\_

GST # : \_\_\_\_\_ How Long in Business: \_\_\_\_\_

Principals' Names and Titles: \_\_\_\_\_  
\_\_\_\_\_

References: Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Trade: \_\_\_\_\_  
(Name, Telephone # and Fax #)

Trade: \_\_\_\_\_  
(Name, Telephone # and Fax #)

Trade: \_\_\_\_\_  
(Name, Telephone # and Fax #)

Purchase Order Numbers Required: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Preferred Method to receive invoices: Mail: \_\_\_\_\_ Email: \_\_\_\_\_

Terms: All invoices net thirty (30) days unless otherwise stated. A finance charge of 1.5% monthly, or 18% per annum will be levied on all past due amounts.

Open account credit terms with The Rental House are hereby requested, and if granted, all invoices will be paid in accordance with stated terms. It is further agreed that The Rental House may contact the above listed references plus any other reporting agencies which will allow consideration to be given this application, and such references/reporting agencies are hereby authorized to convey to The Rental House any information required.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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For office use only:

Date processed: \_\_\_\_\_ Credit limit: \_\_\_\_\_ Initial: \_\_\_\_\_ Customer Number: \_\_\_\_\_