



1161 40 Avenue NE, Calgary, AB T2E 6M9
Phone: (403) 769-1799 Fax: (403) 769-1967
www.orionsafety.ca

Commercial Credit Application

Date:

Legal Name of Firm

Tel () Fax () Email

Operating Name (if different)

Billing Address (Street) (City) (Province) (Postal Code)

Shipping Address (if different) (Street) (City) (Province) (Postal Code)

Ownership Corporation Partnership Proprietorship Other (explain below)

Owner's Name Address Postal Code

Description of Business

At present location since Year established

Your bank Bank Contact

Branch Address

Credit Amount Requested (CAN \$) P.O. # Required? Yes No

Credit References:

- Name Tel

City Fax

- Name Tel

City Fax

- Name Tel

City Fax

Credit Terms: Net 30 days. All accounts are subject to credit approval. Orion Safety Equipment reserves the right to charge 2% per month on accounts over 30 days.

I, the undersigned, authorize Orion Safety Equipment Ltd. to obtain any information pertaining to this application, necessary to establish credit. I authorize any credit agency to provide Orion Safety Equipment Ltd with any information they may require in connection with our credit standing.

Authorized by Title

Please Print Name Date