



1161 40th 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 _____ Fax _____

City _____ email _____

- Name _____ Fax _____

City _____ email _____

- Name _____ Fax _____

City _____ email _____

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 _____