

Credit Application

Date: _____

Address

Company Name: _____ Contact _____
Please print or type.

* Billing Address: _____

City: _____ Province: _____ Business Tel: (_____) _____

Postal Code: _____ Fax: (_____) _____

Type of Organization Private Corporation Partnership Public Corporation Other _____
 Years at present location _____
 Individual

*If the shipping address is different than the billing address, please attach the shipping address to this application

Contact Information

Purchaser: _____ Phone: (_____) _____ Email: _____

Accounting: _____ Phone: (_____) _____ Email: _____

Principals Name	Position	Home Address	Phone

Bank Reference

Bank: _____ Account #: _____

Address: _____ Phone: (_____) _____

Trade Reference Name	Address	Phone	Fax

Expected monthly purchase: \$ _____ Credit request: \$ _____

In making this application for credit, the customer agrees to pay all invoices with 30 days from date of invoice and to pay a finance charge of 2% per month on all overdue balances. In the event a lawsuit is necessary to collect any amount, the customer agrees to pay the seller's reasonable legal fees and costing including legal fees for appeal.

Signature: _____ Title: _____ Date: _____



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Office use only			
Credit limit \$:		Account#:	
Date approved:		CR#:	
Signature:		Discount:	