

CREDIT APPLICATION

Date _____

Please complete and return to: 604.464.1372

Legal Company Name _____ DBA _____

Address _____

Phone _____ Fax _____ PST number _____

Owner _____ Phone _____ Email _____

A/P Contact _____ Phone _____ Email _____

Type of Business Corporation Partnership Individual Owner Proprietorship

Number of Employees _____ Years in Business _____

Bank References

1. Bank Name _____ Address _____

Phone _____ Fax _____ Account # _____

2. Bank Name _____ Address _____

Phone _____ Fax _____ Account # _____

Major Trade References

1. Name _____ Contact _____ Phone _____

Address _____ Fax _____

2. Name _____ Contact _____ Phone _____

Address _____ Fax _____

3. Name _____ Contact _____ Phone _____

Address _____ Fax _____

For and in consideration of Impact Canopies Canada Inc. ("Impact") granting credit to _____
 ("the Applicant"), the Applicant agrees as follows:

1. The Applicant authorizes Impact, its affiliates, subsidiaries and agents to obtain credit reports or other information as may be deemed necessary to establish and maintain a credit account.
2. The Applicant agrees to pay all accounts pursuant to terms of sales specified in invoices and statements rendered by Impact. Past due sums shall bear a service charge equal to 2% of the outstanding balance per month in addition to any interest allowable by law. Interest shall be computed at the same rate and in the same manner before as well as after judgment until the entire accounts has been fully paid and satisfied. If Impact refers the Applicant's account for collections or enforcement, the Applicant agrees to pay all reasonable legal fees, expenses and court costs.

Signature _____ Date _____

Name _____ Title _____