



# CONSOLIDATED COMPRESSOR

9516 - 40 Street SE  
Calgary AB T2C 2P3  
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## CREDIT APPLICATION

CUSTOMER'S LEGAL NAME \_\_\_\_\_

CUSTOMER'S TRADE NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ CELLULAR \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

DATE OPERATION BEGAN (PRESENT OWNERSHIP) \_\_\_\_\_

### OFFICERS & DIRECTORS/ PARTNERS OR SHAREHOLDERS

1 NAME \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

2 NAME \_\_\_\_\_ TITLE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT (name) \_\_\_\_\_ EMAIL \_\_\_\_\_  
TELEPHONE \_\_\_\_\_

### REFERENCES: (WHO PRESENTLY GRANT CREDIT TO YOU. DO NOT USE OIL/ GAS/ UTILITIES or CREDIT CARD)

1 NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

2 NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

3 NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

NAME OF BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CONTACT \_\_\_\_\_

LOANS: YES \_\_\_ NO \_\_\_ HOW SECURED \_\_\_\_\_

I do hereby affirm that the information herein given for the purpose of obtaining credit is true and correct. Should credit be granted, the undersigned hereby guarantees and indemnifies payment of all present future debts, owing from time to time to CONSOLIDATED COMPRESSOR COMPANY LTD. Our terms are NET 30 DAYS. A service or Interest Charge will be added to all invoices NOT paid within 30 days. Interest calculated 2% per month (24% per annum). Shipments will be withheld if an invoice is not paid within 60 days. Credit will be canceled if an invoice is not paid within 90 days and collection procedures will commence. All times are calculated from invoice date. By completing this application for credit, you are accepting these terms / conditions of this agreement.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
TITLE