hi signs the fath group

ph.780.468.6181 fax.780.468.6745

APPLICATION FOR CREDIT ACCOUNT

Customer Name			Date
Operating Name			
Address			City Prov
Postal Code	Telephone ()		Fax ()
Accounts Payable Contact			
Names of Partners and/or Officers		Title	
G.S.T. Registration #	P.O. Requir	ed YES 🔲 NO	
Date Business Established		Type of Business	
Previous Company, (if name change)			
Company Bank			Branch
Account No.			Contact
	SUPPLIER I	REFERENCES	
Name			
Address			Postal Code
Telephone ()			Fax ()
Name			
Address			Postal Code
Telephone ()			Fax ()
Name			Destal Code
Address			Postal Code
Telephone ()			Fax ()
Credit Limit Requested \$		Bonding Company	
	TERMS (OF CREDIT	
It is understood and agreed that invoices are			
A service charge will apply on the amount of any overdue account from the date such account becomes overdue.			
The current rate is 1.5% per month or 18% per annum compounded semi-annually (subject to change on specific projects,			
if confirmed in writing by <i>hi signs THE FATH GROUP</i> .			
If payment is not received from your company and charges (legal and/or otherwise) are incurred in an effort to collect,			
hi signs THE FATH GROUP will bill you for the amount charged.			
hi signs THE FATH GROUP reserves the right to apply payments to the oldest invoice first. If invoices are in dispute, then it is acknowledged that the standard two (2) year statutory limitations is automatically extended.			
I hereby authorize the firm to whom this application is submitted (as well as Equifax) to obtain such credit reports			
or other information as may be deemed necessary in connection with the establishment and maintenance of a			
credit account or for any other direct business			
Dated at o	n the	day of	, 20
SIGNED			
Title		- Witness	

To Customer: Once the application is completed, please fax us a copy, then mail the original