



HEAD OFFICE: 18533 97 Avenue, Surrey, BC V4N 3N9 TEL: 604.294.6271 FAX: 604.294.2052

SURREY BRANCH
TEL: 604.294.6271
FAX: 604.294.8131

EDMONTON BRANCH
TEL: 780.462.1777
FAX: 780.461.5605

CALGARY BRANCH
TEL: 403.279.6016
FAX: 403.279.5390

SASKATOON BRANCH
TEL: 306.244.4810
FAX: 306.244.4811

WINNIPEG BRANCH
TEL: 204.783.3210
FAX: 204.783.3224

APPLICATION FOR CREDIT

****Internal Use Only****

Received: _____

Account # _____ Ship To: _____

Trade Name: _____

Registered Legal Name (If Different From Above): _____

Phone: _____ Fax: _____ General Email Address: _____

Bill To Address: _____
Street Address City / Province Postal Code

☐ Ship-To is the same as Billing Address above

Ship To Address: _____
Street Address City / Province Postal Code

Web Site: _____

☐ Corporation ☐ Partnership ☐ Proprietorship ☐ Government/School ☐ Other _____

Date Established (YYYY-MM-DD) _____

Principal(s): Name: _____ Title: _____

Name: _____ Title: _____

Estimated Credit Required: _____

Tax Numbers: GST / HST _____ Provincial (PST) _____ ☐ PST N/A

Are any of your purchases PST Exempt? ☐ Yes ☐ No *If Yes, Complete Questions A & B Below:*

A. What is the reason for exemption? ☐ Resale ☐ Other Specify 'Other': _____

B. If other, provide a completed certificate of exemption.

Does your business require Purchase Order numbers? ☐ Yes ☐ No

CONTACT NAMES

President: _____ Phone: _____ Email: _____

Accounts Payable: _____ Phone: _____ Email: _____

Purchasing Manager: _____ Phone: _____ Email: _____

General Manager: _____ Phone: _____ Email: _____

BANKING

Bank Name: _____ Phone: _____

Address: _____ Account #: _____

Account Manager: _____ Email: _____



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Account # _____

APPLICATION FOR CREDIT

TRADE REFERENCES

Name

Phone Number

Email

- 1) _____
- 2) _____
- 3) _____

BILLING

Would you like to make payments via Electronic Funds Transfer (EFT)? ☐ Yes* ☐ No

**If yes, A.C.T. will email EFT information upon account approval.*

Invoices and Statements are sent via Email or Fax. Which do you prefer? ☐ Email ☐ Fax

Invoice & Statement Sent To: Name _____ Title: _____

Email*: _____ Fax**: _____

**General Accounting Email Recommended*

***If Applicable*

Additional Contact: Name _____ Title: _____

Email: _____ Fax**: _____ ***If Applicable*

Please indicate which of the following categories best describes your business:

Machine Shop	MRO – Maintenance Repair Overhaul	AD
Fabrication Shop	OEM – Original Equipment Manufacturer	Sheet Metal
Machine & Fabrication Shop	Production Company	Foundry
Wood Working	Steel Centre	
Resale	Other (please specify): _____	

Please indicate if your business will **not allow** any of the following:

☐ Backorders ☐ Substitutes ☐ Partial Shipments ☐ Partial Order Shipments

COMMUNICATION

Please include contact information of those that wish to receive communications (*flyers, catalogs, specials*)

Contact 1:

Name _____ Title: _____

Email: _____

Preferred method of contact for flyers and specials: ☐ Email ☐ Mail

Would this contact like to receive **catalogs** via **Canada Post**: ☐ Yes ☐ No

Contact 2:

Name _____ Title: _____

Email: _____

Preferred method of contact for flyers and specials: ☐ Email ☐ Mail

Would this contact like to receive **catalogs** via **Canada Post**: ☐ Yes ☐ No



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TERMS OF CREDIT

- A) All invoices are **DUE AND PAYABLE** 30 days from date of invoice. **A.C.T. Equipment Sales Ltd.** reserves the right to refuse shipment to any account that has a past due balance.
- B) A monthly service charge will be charged on all accounts in arrears at the rate set by **A.C.T. Equipment Sales Ltd.**, which at present is at 1.5 % per month.
- C) In the event of a disputed invoice the customer must notify **A.C.T. Equipment Sales Ltd.** in writing within (10) ten days of the invoice date by specifying the invoice number, the nature of the dispute and the amount under dispute. This information must be forwarded to the customer service department.
- D) It is the customer's responsibility to ensure that **A.C.T. Equipment Sales Ltd.** is informed of the correct Federal and Provincial taxes that should be applied to the customers purchases, and that those taxes applied abide by the respective tax acts.

We/I, the undersigned, certify that the above Terms of Credit are understood and agree that the usual credit inquiries may be made at any time regarding the credit hereby applied for.

We/I hereby authorize the company to whom this application is submitted, 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 requirements.

This consent is given pursuant to chapter 78, section 12, of the Credit Reporting Act, R.S.B.C., 1979.

TO BE SIGNED BY A DIRECTOR OR OFFICER.

Date: _____ Signature: _____

Title: _____ Print Name: _____

Name of the Company: _____

Please email completed application to; abadmin@actequipment.com for processing.

****Internal Use Only**** Account # _____ Ship To: _____