



5507 55 ST.
Bonnyville, AB
T9N 0E3

Dispatch : 780-545-1455

accounting@defenderltl.com

Credit/Contact Application Form

BUSINESS CONTACT INFORMATION

| | | |
|---------------------------------|--|--|
| Company name | | <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other |
| Your Name and Title | | |
| Phone # for Accounts Payable | | |
| E-mail For Accounts Payables | | |
| Phone # for Shipping/ Receiving | | |
| E-mail for Shipping/ Receiving | | |
| Company BILLING Address | | |
| Company SHIPPING Address | | |

BANKING INFORMATION

| | |
|--------------|--|
| Bank Name | |
| Bank Address | |
| Bank Contact | |
| Bank Phone | |

BILLING PREFERENCES

| | | | |
|-------------------------------------|--|-----------------|---|
| PO Number Required on All Invoices? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Invoice Format: | <input type="checkbox"/> Bulk Invoicing <input type="checkbox"/> Invoice for Each Individual Order |
|-------------------------------------|--|-----------------|---|

AGREEMENT

- All invoices are to be paid within 30 days from the date of the invoice.
- Claims arising from invoices must be made within seven working days.

SIGNATURES

| | | | |
|----------------|--|----------------|--|
| Signature | | Signature | |
| Name and Title | | Name and Title | |
| Date | | Date | |

PLEASE SEND COMPLETED CREDIT APPLICATIONS TO: accounting@defenderltl.com