5507 55 ST.
Bonnyville, AB
T9N 0E3
Billing Inquiries: 306-812-2107
santoniuk@defenderltl.com

CREDIT/CONTACT APPLICATION FORM

BUSINESS CONTACT INFORMATION

Company name		☐ Sole proprietorship
Your Name and Tittle		☐ Partnership
Phone # for Accounts Payable		☐ Corporation
E-mail For Accounts Payables		☐ Other
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?	☐ YES ☐ NO	Credit Card Number: (If applicable)	
Payment Preference:	☐ Credit Card (charged weekly) ☐ Charge Account (net 30 days)	Credit Card Expiry Date: (If applicable)	
Single Order Invoicing Required?	☐ YES ☐ NO	Credit Card CVV: (If applicable)	

REFERENCES

Reference Business Name	
Reference Business Email	
Reference Business Contact Name	
Reference Business Contact Phone	
Reference Business Name	
Reference Business Email	
Reference Business Contact Name	
Reference Business Contact Phone	
Reference Business Name	
Reference Business Email	
Reference Business Contact Name	
Reference Business Contact Phone	

AGREEMENT

1. If charge account is approved, all invoices are to be paid within 30 days from the date of the invoice
2. Claims arising from invoices must be made within seven working days.
3. Outstanding balances, over 60 days from the date of the invoice (unless otherwise agreed upon), will incur an interest charge of 1.5%.
4. An administration fee of $50 will be charged for any cheque or payment method that fails to clear due to insufficient funds.

SIGNATURES

Signature		Signature	
Name and Title		Name and Title	
Date		Date	