



**Tomahawk
Industries Ltd.**

120, 25791-114 Ave
Acheson AB T7X 6E2
PH. 780-948-9955 FX. 780-401-1748
EMAIL: accounts@tomahawkind.ca
Original signed credit app. to be mailed.

Confidential APPLICATION FOR CREDIT

Registered Company Name: _____

Mailing Address: _____ Postal Code: _____

Billing Address: _____ Postal Code: _____

Phone Number: _____ Fax: _____ Email: _____

Type of Business: _____ Length of time in business: _____

Name of Principals or Operations Manager

Name: _____ Position: _____

Name: _____ Position: _____

Accounts Payable Contact: _____ Phone Number: _____

Email address: _____ GST #: _____

Terms: _____ PO Required? yes No Line of Credit requested: _____

Trade References:

Name of Business: _____ Address: _____

Phone & Fax Number: _____ Contact Name: _____

Name of Business: _____ Address: _____

Phone & Fax Number _____ Contact Name: _____

Name of Business: _____ Address: _____

Phone & Fax Number: _____ Contact Name: _____

Financial Institution: _____ Address: _____

Phone & Fax number: _____ Contact: _____

Credit Card Type: _____ Number: _____ Name: _____ Expiry date: _____

Terms: Accounts are due and payable 30 days from invoice date. Overdue accounts are subject to interest at 2% per month (24% per annum). The undersigned authorizes the creditor to charge the amount owing on all accounts past due over 60 days to the above CREDIT CARD account number. I/we the undersigned, hereby confirm that the above information, given for the purpose of obtaining credit, is true and correct, and that all payments will be made on their due date in accordance with the terms of sale outlined above. I/we understand that failure on our/my part to comply with these terms may result in cancellation of credit privileges and/or appropriate collection action being taken against me/us.I/We understand and agree to comply with Tomahawk Industries Ltd's terms and condition as stated give my/our permission for a full credit investigation pertaining to my/our company credit and financial responsibility; to be reviewed on an annual basis.

Name: _____ Signature: _____

Witness: _____ Signature: _____

Date: _____

Office use only:
RV: ___ CH: ___ SETUP: _____