



A #101 - 19050 25 Street, Surrey BC, V3Z 3V2  
T 604 538 5223 F 604 538 5203

## CREDIT APPLICATION

Legal Name of Company: \_\_\_\_\_

Doing Business as – Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Phone Numbers: General: \_\_\_\_\_ Accounting: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_ Purchasing Email: \_\_\_\_\_

Accounting Contact: \_\_\_\_\_ Accounting Email: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Provincial Sales Tax Number: \_\_\_\_\_

Name of Owner or President: \_\_\_\_\_ Name of Controller: \_\_\_\_\_

Type of Organization (Y/N): Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

Number of Years in business: Under Current Ownership: \_\_\_\_\_

Under Previous name of: \_\_\_\_\_ For \_\_\_\_\_ Years

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_ Phone: \_\_\_\_\_

Estimated Annual Spend with Westlab: \_\_\_\_\_

Credit Limit Requested: \_\_\_\_\_

### TRADE REFERENCES:

Contact: \_\_\_\_\_ Account Number: \_\_\_\_\_

Trade References (Must be unrelated companies) Fax #: \_\_\_\_\_ Phone #: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



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**TERMS & CONDITIONS:**

All returns must be Pre-Authorized by our customer service staff prior to being returned to our warehousing facility. There is a 20% restocking charge for all returns. Special order items are not returnable. All merchandise remains the property of Westlab, until paid for in full.

Our invoice terms are net 15 days. Overdue accounts are subject to a 2% per month (26.8% per annum) service charge. All accounts over 60 days automatically become C.O.D. Please discuss the Westlab freight policy with your Westlab Sales rep.

I hereby certify that the information contained above is true and correct, and authorize Westlab to contact the references provided and our bank at any time, and I understand that Westlab reserves the right to collect reasonable legal and court costs, and any other expenses that may be incurred in order to collect an account that must be placed with a third party.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Westlab Representative: \_\_\_\_\_ Date: \_\_\_\_\_

*Revision June 2021*