

Bobcat, Kubota & Doosan of Saskatoon 34 Capital Circle Saskatoon, SK S7R 0H4

Credit Application and Agreement

Trade Name (if applicable): Mailing Address: City:	Registered C	Corporate Name:			
Mailing Address: City:					
City:	Mailing Addı	ress:			
Business Type: Corporation Proprietorship Position: Email Address: Accounts Payable: A/P Phone Number: Accounts Payable Email Address: PRINCIPALS OF THE BUSINESS 1) Name: Position: Phone Number: 2) Name: Position: Phone Number: 3) Name: Position: Phone Number: BANKING INFORMATION: Name: Address: City: Prov: Prov: Postal Code: Telephone: Fax: Contact: TRADE REFERENCES: 1) Name: Address: Phone: Address: Address:					_ Postal Code:
Contact Name:			Fax:		
Email Address:	Business Typ	oe: 🗆 Corporation	□ Proprietorship	□ Partnership	
Accounts Payable:	Contact Nan	ne:	P	osition:	
Accounts Payable Email Address: PRINCIPALS OF THE BUSINESS 1) Name: Position: Phone Number: 2) Name: Position: Phone Number: 3) Name: Position: Phone Number: BANKING INFORMATION: Name: Address: City: Prov: Prov: Postal Code: Telephone: Fax: Contact: TRADE REFERENCES: 1) Name: Address: Phone: Address: Phone: Fax: 2) Name: Address: Phone: Fax: 3) Name: Address: Phone: Fax: Address:	Email Addre	ss:			
PRINCIPALS OF THE BUSINESS 1) Name:	Accounts Payable:		A/P Phone Number:		
1) Name:	Accounts Pa	yable Email Address: _			
Position:	PRINCIPALS	OF THE BUSINESS			
Position:	1) Nam	ne:			
Position: Phone Number:					
3) Name: Position: Phone Number: BANKING INFORMATION: Name: Address: City: Prov: Postal Code: Telephone: Fax: Contact: TRADE REFERENCES: 1) Name: Address: Phone: Shame: Address: Phone: Address: Address: Phone: Address:	2) Nam	ne:			
Position:Phone Number:			F	Phone Number:	
BANKING INFORMATION: Name:	3) Name:				
Name:	Posi	tion:	F	Phone Number:	
City: Prov: Postal Code: Telephone: Fax: Contact: Fax: TRADE REFERENCES: 1) Name: Address: Phone: Solution: Fax: Fax: Phone: Address: Phone: Address: Address: Address: Address: Address: Fax: F					
Telephone: Fax:					Postal Code:
Contact:					
1) Name:					
1) Name:	TRADE REFE	RENCES:			
Address:					
Phone:					
2) Name:					
Address: Fax:					
Phone: Fax:					
Address:					
Address:	3) Nam	ne:			

. The Applicant agrees to allow the Seller to charge the above Visa or MasterCard account for any unpaid balance outstanding over 30 days.

	e provided	□ Purchase order Number required on all invoices
Nature of Business:		PST # (if applicable) GST #:
**Please Note: Credit accounts are payable in advance or on de		Service purchases only. Wholegoods and Rentals
terms from Earthworks Equipme the undersigned acknowledges, or To pay for all purchases who date of invoice. Failure to cancellation of credit; In the per month (24% per annum is agreed to be paid by the Title to all Equipment and purchase price is paid in ful To authorize the Seller, and such credit or other inform connection with the credit thereof, from or to any Cred has, proposes to have, or m	t being permitted ont Corporation and consents and agree en due. On approto settle accounts e event of default n) on the unpaid be Applicant; d Merchandise poll; d/or their Agent, nation, as deemed account hereby a dit Reporting Agernay have financial	d to purchase Equipment, Parts and services on credited ind/or its divisions, hereinafter referred to as the Seller,
I certify all information is true an	d complete and I	am authorized to sign on behalf of the applicant.
Name:		

** MUST BE SIGNED BY AN AUTHORIZED OFFICER OF THE COMPANY, IF A CORPORATION **

Please email completed application to <u>admin@earthworksequipment.ca</u> or fax to 306-931-8003