



**TallGrass Distribution Ltd Customer Credit Application**

BUSINESS NAME:

ADDRESS:

CITY/TOWN:  POSTAL CODE:

PHONE:  FAX:

BUSINESSTYPE:  Limited Company  Partnership  Proprietorship

REGISTERED LEGAL NAME:

GST/HST/QST NUMBER:

NATURE OF BUSINESS:

RELATED COMPANIES:

HOW LONG IN BUSINESS:  HOW LONG IN PRESENT LOCATION:

EXPECTED MONTHLY PURCHASES:

**Bank Reference**

NAME:

ADDRESS:

TELEPHONE:  ACCOUNT #:

CONTACT:

OTHER BANKS:

**Principals**

NAME:  TITLE:  HOME PHONE:

NAME:  TITLE:  HOME PHONE:

**References**

1	<input type="text"/>	PHONE: <input type="text"/>	FAX: <input type="text"/>
2	<input type="text"/>	PHONE: <input type="text"/>	FAX: <input type="text"/>
3	<input type="text"/>	PHONE: <input type="text"/>	FAX: <input type="text"/>
4	<input type="text"/>	PHONE: <input type="text"/>	FAX: <input type="text"/>

CREDIT TERMS: NET 30 FROM DATE OF INVOICE

I/we hereby request to establish credit privileges with TallGrass Distribution Ltd and agree to pay for all purchase in accordance with the above terms of sale. I/we further agree to pay a service on any amounts past due calculated at 2% per month (26.8% per annum).

I/we certify the above information to be correct. Further, I/we authorize TallGrass Distribution Ltd to obtain credit reports or other information as deemed necessary on the credit account or for any other business reason.

NAMES/TITLE:

SIGNED:  DATE:

Please return to: TallGrass Distribution, 40 East 5th Ave. Vancouver, BC V5T 1G8 or Fax to 604-709-0179