



NEW ACCOUNT / CREDIT APPLICATION FORM

#2, 3855 - 64th Avenue SE, Calgary, AB, T2C 2V5, Canada - Phone: (403) 204 - 4987, Fax: (403) 203 - 2686

Company Name:					
Billing Address:			Shipping Address:		
E-mail:		Phone:		Fax:	
Please check one; if Corporation or Partnership, please provide names of owner(s), partner(s) and/or officer(s):					
	Corporation	Name		Title	
	Partnership	Name		Title	
	Individual	Name		Title	
Credit line requested:		Are Purchase Order Numbers required for purchase:		Yes:	No:
ACCOUNTING INFORMATION: (Person to contact regarding account payment)					
Name:			Phone:		E-mail:
NOTICE: INVOICING IS BY E-MAIL OR FAX ONLY; please provide e-mail address and/or fax number!					
BANK ACCOUNT INFORMATION					
Name:					
Address:					
Phone:			Fax:		
Account #	Type of account:		Checking / Savings / Other:		
BUSINESS/TRADE REFERENCES					
Name:					
Address:					
E-Mail:			Phone:		Fax:
Name:					
Address:					
E-Mail:			Phone:		Fax:
Name:					
Address:					
E-Mail:			Phone:		Fax:
AGREEMENT					
<p>1. All Invoices are to be paid 30 days from the date of the invoice.</p> <p>2. Claims arising from invoices must be made within 7 (seven) business days.</p> <p>3. By submitting this application, you authorise Foothills Fasteners & Industrial Ltd. to make inquiries into the <i>banking and business/trade references that you have supplied.</i></p>					
Applicant: _____ Signature: _____ Date: _____					
PLEASE FORWARD THIS APPLICATION TO YOUR FFI SALES REPRESENTATIVE OR FAX TO: (403) 203 - 2686					
For FFI Sales Office Use Only:			For FFI Accounting Office Use Only:		
Price Level:			Credit Check:		
Market segment:			Excellent	Good	Satisfactory
Salesman:			Approved by:		
Other Remarks:			Date of approval:		
			Customer Account #:		