



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION (MUST BE FILLED IN)

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, Province, Postal Code			

BUSINESS AND CREDIT INFORMATION

City, Province, Postal Code		Bank name:	
How long at current address?		Primary business address City, Province, Postal Code	
Phone		Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	
Company name		Phone	
Address		Fax	
City, Province, Postal Code		E-mail	

AGREEMENT

1. All invoices are to be paid **30** days from the date of the invoice. Overdue accounts shall bear interest at a rate of **15%** per annum.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application to **accounting@xceedoilfieldsupply.com**, you authorize Xceed Oilfield Supply Ltd to make inquiries into the banking and business/trade references that you have supplied.
4. **Must be signed by a Director/Officer of the Company.**

SIGNATURES & E-MAIL INVOICE INFORMATION

	"I have authority to bind the company or business"		
Signature		<u>E-mail Invoices to:</u>	
Name and Title			
Date			

XCEED INTERNAL USE ONLY

Authorized By:		Signature	
Credit Limit	\$	Tier Price Group	