

# Application for Credit

\_\_\_\_\_/\_\_\_\_\_/201\_\_\_\_  
Day Month Year

\_\_\_\_\_  
Legal name of company

|                       |  |
|-----------------------|--|
| Trade name _____      | Shipping address (if different from billing) |
| Billing Address _____ | Street/P.O. Box _____                        |
| _____                 | _____  |
| City/Province _____   | City/Province _____                          |
| Postal Code _____     | Postal Code _____                            |
| _____                 | _____  |
| Company Phone _____   | Company E-Mail _____                         |
| Owner(s) _____        |  |

## **Accounts payable contact**

|                     |       |        |
|---------------------|-------|--------|
| _____               | _____ | _____  |
| First and Last Name | Phone | E-Mail |

## **References**

|                     |       |        |
|---------------------|-------|--------|
| _____               | _____ | _____  |
| First and Last Name | Phone | E-Mail |
| _____               | _____ | _____  |
| First and Last Name | Phone | E-Mail |

*I/we hereby agree to pay invoices within 30 days of the invoice date unless otherwise agreed upon, and otherwise agree to pay interest on overdue accounts at a rate of 2% per month. (24% per annum). I/we also hereby agree to authorize KolorKard and/or its agents to obtain such credit reports or other information deemed necessary to support this application for credit. In addition I/we agree to protect and return display fixtures provided on loan and otherwise agree to pay for lost, misplaced or damaged fixtures.*

Authorized Signature \_\_\_\_\_

**KolorKard**  
Southern Alberta Souvenirs

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E-Mail: Alberta@KolorKard.com