



KENMAC PARTS
BOX 650
GIBSONS, BC V0N1V0
PH. 604.886.2031 FAX. 604.886.0201

APPLICATION FOR CREDIT ACCOUNT

Trade / Business / Personal Name: _____

Mailing Address: _____

Officials or Partners: _____

Home Address and Telephone: _____

Type of Business: _____

Amount of credit desired per month: _____ # of Invoice Copies: _____

Phone: _____ E-mail: _____

Provincial Tax (PST) Number: _____

Bank and Branch: _____

	Name	Telephone	Account Name/Type
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Trade References:	Name	Telephone	Affiliation
1	_____	_____	_____
2	_____	_____	_____

We Hereby jointly and severally agree to pay the account (if opened) according to your usual terms of sale.
If the account should become past due, a surcharge at the rate of two percent per month will apply.
The terms are net 15.

Witness: _____ Firm Name: _____ Position _____
(Signature)

By: _____
(Signature)

APPROVED: _____ DATE: _____