CREDIT APPLICATION

PLEASE FILL OUT THE FOLLOWING FORM AND EMAIL IT TO : ACCOUNTING@POWEREXP.COM

Company Name :			
Business Type :	**Date Registered :**	**Time in Business :**	
Street Address :	**City, Province :**	**Postal Code :**	
Telephone :	**Email :**	**Fax (Optional) :**	
Billing Address (If Different) :	**City, Province :**	**Postal Code :**	
Telephone :	**Email :**	**Fax (Optional) :**	
Managing Director (Name) :	**Contact :**		
Accounts Payable (Name) :	**Contact :**		
Is a Purchase Order (PO) Number Required for Billing?		**YES** ☐	**NO** ☐
Preferred Payment Method :	**EFT** ☐	**CHEQUE** ☐	**E-TRANSFER** ☐

TRADE CREDIT REFERENCES

1. Company Name :			
Street Address :	**City, Province :**	**Postal Code :**	
Telephone :	**Email :**	**Fax (Optional) :**	
2. Company Name :			
Street Address :	**City, Province :**	**Postal Code :**	
Telephone :	**Email :**	**Fax (Optional) :**	
3. Company Name :			
Street Address :	**City, Province :**	**Postal Code :**	
Telephone :	**Email :**	**Fax (Optional) :**	

If you have any questions, please don't hesitate to contact us. Thank you!

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