



# BUSINESS ACCOUNT PROGRAM

**Direct** (403) 961-0046  
**Fax** (403) 678-0554  
**Email** accounts@bvbasics.com

**Store** (403) 678-2728  
**Address** 1500 Railway Ave.  
Canmore, AB T1W 1P6

## COMMERCIAL CREDIT APPLICATION FORM

**Date:** \_\_\_\_\_

### General Information

Legal Name:	Operating Name:	
Billing Address:	City:	Postal Code:
Shipping Address:	City:	Postal Code:
Telephone #:	Fax #:	
Type of Business:	Years In Business:	

### Contact Info

	Name	Email	Phone
1) Purchasing Contact:			
2) Accounts Payable:			
3) Company Owner(s):			

☐ A purchase order will accompany each order  
or

☐ Persons authorized to charge to this account are \_\_\_\_\_

THE TERMS OF AN ACCOUNT WITH BOW VALLEY BASICS ARE NET 30 DAYS FROM STATEMENT DATE. A FINANCE CHARGE OF 2% PER MONTH (24% PER ANNUM), WITH A MINIMUM FEE OF \$1.00, WILL BE CHARGED ON ALL ACCOUNTS EXCEEDING THESE TERMS. I AGREE TO THESE TERMS. ☐

Signature:	
Name (Please Print):	
Date:	

I hereby apply to Bow Valley Basics for a credit account and certify that the information shown here is true and that the information given is for the purpose of obtaining goods on credit. I hereby authorize the person or firm to whom this application is made, any credit bureau or other investigation agency employed by such person, to investigate the references herein listed or to receive or give credit information on any other data obtained from me, or from any other person pertaining to my credit or financial responsibility.

OFFICE USE ONLY

### Business References:

Company Name:	Telephone Number:

### Credit Card to be used as security for account charges

Card #	Expiry Date
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☐ Charge this card monthly to settle account, or, ☐ Account will be paid by cheque/EFT/other