

CONFIDENTIAL CREDIT APPLICATION

RR 1 Site 12 Box 22 Morinville, AB T8R 1P4
 T 780 939-7490 F 780 939-2010
 Email: contact@highqgreenhouses.com

Please complete all required information

LEGAL BUSINESS TITLE: _____

OWNER/OPERATING AS: _____

MAILING ADDRESS: _____ **CITY:** _____

PROV: _____ **P.C.** _____ **PHONE:** _____ **CELL:** _____

FAX: _____ **EMAIL:** _____

WEBSITE: _____

SHIPPING ADDRESS: _____

CITY: _____ **PROV.:** _____ **P.C.:** _____

PHONE: _____ **CELL.:** _____ **FAX:** _____

How long in business: _____ **Maximum Credit Required:** _____

NAME OF BANK: _____ **CITY:** _____

PHONE: _____ **FAX:** _____ **CONTACT:** _____

I CERTIFY THAT THE INFORMATION SUPPLIED HEREIN IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I FURTHERMORE GRANT PERMISSION TO HIGH Q GREENHOUSES AND ITS AGENTS TO CONTACT THE COMPANIES LISTED BELOW FOR THE SOLE PURPOSE OF COLLECTING A FINANCIAL HISTORY OF MYSELF AND MY COMPANY.

I AGREE TO THE SALES TERMS AS STATED ON THE INVOICE. SERVICE CHARGES AT A RATE OF 2% PER MONTH (24% PER ANNUM) WILL BE ADDED TO ALL OVERDUE ACCOUNTS. POST DATED CHEQUES ARE SUBJECT TO THE SAME TERMS. ALL NSF CHEQUES ARE SUBJECT TO A \$25.00 CHARGE.

NEW ACCOUNTS WITH NO CREDIT HISTORY ARE SUBJECT TO 50% DEPOSIT TERMS ON ALL ORDERS DURING THEIR FIRST YEAR OF BUSINESS WITH HIGH Q GREENHOUSES.

Applicant Signature: _____ Date: _____

TRADE REFERENCES:

Company Name: _____

Telephone: _____

Fax: _____

Company Name: _____

Telephone: _____

Fax: _____

Company Name: _____

Telephone: _____

Fax: _____

Company Name: _____

Telephone: _____

Fax: _____