



731 Belgrave Way, Delta, BC Canada V3M 5R8 Tel 604-527-1000 Fax 604-527-1002

**APPLICATION FOR CREDIT ACCOUNT**

ATTENTION:  
COMPANY:  
ADDRESS:

PHONE:  
FAX:

CORPORATION \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ SOLE PROPRIETORSHIP \_\_\_\_\_

LENGTH OF TIME IN BUSINESS: \_\_\_\_\_ YEARS

TYPE OF BUSINESS: \_\_\_\_\_

MONTHLY CREDIT REQUESTED: \$ \_\_\_\_\_

AUTHORIZED CONTACT:

NAME: \_\_\_\_\_ SHIPPING/RECEIVING HOURS: \_\_\_\_\_

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PRINCIPALS**

\_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_

\_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_

**BANK REFERENCE**

BANK: \_\_\_\_\_ PHONE #: ( ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**TRADE REFERENCES**

| COMPANY NAME | ADDRESS | PHONE |
|--------------|---------|-------|
| _____        | _____   | _____ |
| _____        | _____   | _____ |
| _____        | _____   | _____ |

IT IS AGREED AND UNDERSTOOD BY THE APPLICANT THAT **PAYMENT SHALL BE MADE WITHIN 30 DAYS OF INVOICE DATE OF ALL CHARGES RENDERED BY MOTRUX INC.** FAILURE TO COMPLY WITH PAYMENT INSTRUCTIONS MAY BE SUFFICIENT CAUSE FOR MOTRUX TO SUSPEND CREDIT PRIVILEGES.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

**\*\* PLEASE FAX BACK YOUR COMPLETED APPLICATION TO (604) 527-1002\*\***

OFFICE USE ONLY:

\_\_\_\_\_  
CREDIT LIMIT GRANTED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORIZED SIGNATURE