

DATE: _____

APPLICATION FOR CREDIT

PLEASE COMPLETE IN FULL and EMAIL COPY TO ACCOUNTING@HARDWAREUNLIMITED.CA or
FAX COPY TO (403) 723.0251 ATTN ACCOUNTING DEPARTMENT

Company Legal Name _____

Billing Address _____

City _____ Prov _____ Postal Code _____

Ph:(____)-(____)-(____) Fax: (____)-(____)-(____) Em _____

GST# _____ If Tax exempt please send copy of Exemption.

Shipping Address: _____

City _____ Prov _____ Postal Code _____

Ph(____)-(____)-(____) Fax (____)-(____)-(____) Em _____

Please provide full name and titles of principals. If Partnership or Sole Proprietorship provide home address.

1:Name _____ Title _____

Address _____

2:Name _____ Title _____

Address _____

3:Name _____ Title _____

Address _____

Type of Business: Sole Proprietor() Partnership() Limited() **Premises:** Owned() Lease()

Years in Business: () **Years under current owners:** () **PO Required:** Yes() No()

Yellow Page Classification: _____ Number of Employees:()

Provide email for sending invoices: Email address: _____

Statement Needed Yes () No()

Credit Amount Requested: \$ _____

PLEASE PROCEED WITH PAGE 2

We require three trade references: Please do not include secured creditors or office supply companies.

1: Name _____ Ph: (____)-(____)-(____)

Address: _____ Fax: (____)-(____)-(____)

2: Name _____ Ph: (____)-(____)-(____)

Address: _____ Fax: (____)-(____)-(____)

3: Name _____ Ph: (____)-(____)-(____)

Address: _____ Fax: (____)-(____)-(____)

Banking Information

Bank References: Name: _____ Ph: (____)-(____)-(____)

Address: _____ Fax: (____)-(____)-(____)

Contact: _____ Account#: _____ Please attach void cheque or Deposit Slip

Contact Information:

Accounts Payable Contact: _____ Em: _____

Ph: (____)-(____)-(____) Fax: (____)-(____)-(____)

Purchasing Agent Contact(Main): _____ Ph: (____)-(____)-(____)

Fax: (____)-(____)-(____) Em: _____

Purchasing Agent Contact(Secondary): _____ Ph: (____)-(____)-(____)

Fax: (____)-(____)-(____) Em: _____

Purchase Order and Shipping Requirements

We offer free delivery within Calgary City Limits (restrictions may apply) Please indicate preferred method of shipment if you are not within Calgary City Limits. We do over Prepaid & Charge at competitive rates.

Transport/Courier Company: _____ Do you prefer prepaid & charge: Yes or No

Do you require we obtain: Written PO() or Verbal PO() Note: Either must be supplied at time of sale.

Do you have certain personnel who are only authorized to purchase: Yes() No()

If Yes, Please indicate names: _____

Our terms of payment are Net 30 days. Title of goods shall remain with Hardware Unlimited Inc. until account is paid in full. The undersigned consents to obtaining initial and ongoing credit information as may be required at any time in relation to the credit hereby applied for and Hardware Unlimited Inc. reserves the right to cancel credit privileges at anytime without notice. I hereby certify the information supplied to be accurate and have read and signed to the terms and conditions of sale.

Date _____ / _____ / _____ Title: _____

Authorized Signature: _____ Print Name: _____

Hardware Unlimited Office Use: Affiliate Code: _____ Affiliate Name: _____
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