

In order to process credit accounts, this form must be completed in full and signed by an authorized agent. All provided information will be held in the strictest confidence. PLEASE RETURN VIA FAX TO 780-469-6275.

**Business Information**

Legal Name of Applicant: \_\_\_\_\_

Operating Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Street Address

City/Province

Postal Code

Shipping Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of Business: \_\_\_\_\_ DUNS #: \_\_\_\_\_ Years in Operation: \_\_\_\_\_

Incorporated  Proprietorship  Partnership  GST # / Tax ID #: \_\_\_\_\_

**Names & Titles of Principle Officers / Owners**

Principals/Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Principals/Owner's Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Bank Information**

Bank and Branch: \_\_\_\_\_ Fax: \_\_\_\_\_

Branch Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Credit Card Information (Optional)**

Type of Card (Circle One): Visa Mastercard AMEX Other: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Complete Name (as it appears on front of card): \_\_\_\_\_

**Trade Credit References (Provide Canadian entities & please do not use credit card and/or finance companies):**

1) \_\_\_\_\_  
Company Name Address Fax Number (REQUIRED)

2) \_\_\_\_\_  
Company Name Address Fax Number (REQUIRED)

3) \_\_\_\_\_  
Company Name Address Fax Number (REQUIRED)

P.O.'s Required (Circle One): Yes No Credit Limit Required: \_\_\_\_\_ Statements Via: FAX MAIL EMAIL

Purchasing Agent Contact Name / Email Address: \_\_\_\_\_

A/P Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Terms / Conditions:**

The firm/organization applying for credit (herein referred to as "the applicant") warrants that the information provided is accurate, correct and complete and is supplied for the purpose of obtaining credit. The authorized signatory (herein referred to as "the signatory") warrants that he/she is duly authorized by the applicant to apply for credit and execute this application on behalf of the organization. In consideration of credit being extended or other financial accommodations to the above firm by Roda Deaco Valve Inc., the applicant unconditionally guarantees to Roda Deaco Valve Inc. the prompt payment, when due, of any and all indebtedness and liabilities that are now, or at any time hereafter owing to Roda Deaco Valve Inc. The signatory authorizes Roda Deaco Valve Inc. to collect credit information about the applicant, from time to time as it deems necessary, from any and all sources available to Roda Deaco Valve Inc., including, but not limited to, transactions with other persons and credit reporting agencies. The approximate initial amount of credit the applicant requires shall not be binding upon Roda, nor shall Roda incur liability by granting, reducing, increasing or refusing such amount. Roda Deaco reserves the right to require payment in advance. If credit is extended, the applicant agrees that payment shall be made to Roda Deaco within 30 days of the date of the invoice. The applicant further guaranties the payment of all interest, attorney's fees, court costs and other costs of collection which may be incurred by Roda Deaco Valve Inc. Overdue amounts bear interest at the rate of 24% per annum, both before and after default and judgment. Accounts are payable by the customer to Roda without deduction, set off, counterclaim or abatement.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

