

CREDIT APPLICATION

Customer Information

Full Legal Name:			
Operating Name (in full):			
Type of Business:		Years in Business:	
Mailing Address:			
City:	Province:	Postal Code:	
Telephone:	Fax:	Website:	
Primary Contact:	Title:	E-mail:	
PST Exemption #:	Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No	GST Registration #:	Exempt? <input type="checkbox"/> Yes <input type="checkbox"/> No
<small>Please provide documentation if GST exempt or non-registrant</small>			

Banking Information

Bank Name:		Phone:	Fax:
Mailing Address:			
City:	Province:	Postal Code:	
Bank Contact:	Phone:	Fax:	
Account #:	Account Type:		
Account #:	Account Type:		

Credit References

	Reference 1	Reference 2	Reference 3
Company:			
Address:			
City/Prov/Postal:			
Account #:			
Contact:			
Phone/Fax:			
E-mail:			

Credit Terms

All invoices rendered by the University of Regina are to be paid within 30 days of the invoice date. Failure to settle accounts in accordance with these terms will be considered sufficient cause for immediate cancellation of credit, making all outstanding balances past due and immediately payable.

Certification/Authorization

I, the undersigned, authorize the University of Regina to verify my credit worthiness with the references listed above. I certify that the information provided is correct and I have read and understand the credit terms and conditions listed above. I hereby accept these terms and conditions.

Signature

Title

Date