



The Rent-It Store Ltd. - Fax: 306-244-4049
Email: accounting@therentitstore.com
CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:			
Owner name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	Province:	Postal Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	Province:	Postal Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:	Province:	Postal Code:	
PST Exempt #			
Purchase Order Required	Yes	No	
Insurance Coverage? Certificate req.	Yes	No	
A/P Contact (Name & email)			

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	Province:	Postal Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. The customer agrees to pay the sum of 2% per month (24% per annum) on any outstanding balance from the date of invoice.
3. Claims arising from invoices must be made within seven working days.
4. By submitting this application, you authorize The Rent-It Store Ltd. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Signature:	Signature:
Title:	Title:
Date:	Date: