



CREDIT APPLICATION

PLEASE ANSWER ALL QUESTIONS AND HAVE OFFICER OF COMPANY SIGN

Legal Company Name:

Company Name:

Street:

Prov/State:

City:

Postal/ZIP Code:

Tel:

Fax:

Email:

Nature of business:

of employees:

Corporation

Partnership

Individual

Prov/State of incorporation:

Year:

Year Established:

Years at present location:

Do you own the property:

Parent Company Name:

Federal I.D.#:

Amount of credit requested:

PO required on all orders: **Yes** **No** (please circle one)

OWNERSHIP

Name	Address	Telephone	Email
1			
2			

FINANCE

Bank Name:

Account #:

Bank Officer:

Street:

Prov/State:

City:

Postal/ZIP Code:

Tel:

Fax:

REFERENCES WITH WHICH YOU HAVE DONE BUSINESS FOR AT LEAST ONE (1) YEAR

Name:	Telephone:	Fax:	Email:
1			
2			
3			

I certify that all information on this form is correct. I authorize Monument's Equipment Bomat Ltd (Bomats) or its representatives to contact the above listed persons or businesses for credit investigations. I fully understand credit terms and agree to the proper payment in consideration of extended credit. All accounts are due net 30 days, unless specified otherwise. All accounts will be assessed at 1.5% service charges on balance over 30 days. All accounts over 60 days will be denied credit privileges until balance have been paid, including service charges. In event that it becomes necessary to place the account for collection, collection and attorney fees shall be the responsibility of the debtor. In case of the applicant's default, the undersigned guarantees, personally, the payment of the credit forwarded by Bomats. In consideration of Monument's Equipment Bomat Ltd. extending open account credit, the above terms and conditions are hereby agreed to.

Signed:

Print Name:

Title:

Date: