

CREDIT APPLICATION

Legal Company Name:		Date (MM/DD/YY):
Trade Name(s):		
Mailing Address:		
City:	Province:	Postal Code:
Shipping Address:		
City:	Province:	Postal Code:
Telephone Number:	Fax Number:	
Email Address:	Web Site Address:	
P.S.T. Number:	Attach P.S.T. Exemption Certificate (if applicable)	
Check Applicable Type of Legal Entity: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other (Specify):		
Describe the Nature of Business:		
Years in Business:		
Owner/Principal:	Telephone Number:	
	Email Address:	
Operations Manager:	Telephone Number:	
	Email Address:	
Purchasing Contact:	Telephone Number:	
	Email Address:	
Name of individuals authorized to make purchases:		
A/P Contact:	A/P Telephone Number:	
	A/P Email Address:	
Credit Limit Requested: \$	Do you require a monthly statement? Y / N	
Do you require a Purchase Order No.? Y / N	Special Instructions required on PO:	

TRADE REFERENCES

For office use:

Company Name:		
City:	Province/State:	Postal/Zip Code:
Phone Number:	Fax Number:	
Email address:		
Company Name:		
City:	Province/State:	Postal/Zip Code:
Phone Number:	Fax Number:	
Email address:		
Company Name:		
City:	Province/State:	Postal/Zip Code:
Phone Number:	Fax Number:	
Email address:		

BANK REFERENCE

Bank name:	Phone Number:
Branch:	Account Number:
Contact Name & Title	Bank address:

TERMS AND CONDITIONS

I / We make application for open terms and certify that the information given for the purpose of opening an account is accurate and true.
I / We authorize Cascade Raider Holdings Ltd. to contact Equifax and/or the Trade and Bank references provided for the purpose of establishing and maintaining credit terms.
Credit Terms are Net 30 Days. Should this not be adhered to Cascade Raider Holdings Ltd. reserves the right to implement a credit hold and to revoke credit terms without notice.
Cascade Raider Holdings Ltd. reserves the right to refuse credit to any past due accounts until payment arrangements have been made with our Finance department.
In addition, should total annual purchases fall below \$3,000 your account will be reverted to C.O.D. status requiring payment on purchase.
I / We accept the vendor's privilege to charge interest on all overdue accounts at a rate of 2.5% interest per month.
In the event of a payment default of any amount due, Cascade Raider Holdings Ltd. reserves the right to charge the customer legal fees and/or expenses incurred in connection with the collection of past due account balances.
Signature of Authorized Signing Officer: Name: _____ Title: _____ Signature: _____

Please sign and submit the completed Credit Application to: Email: ar@raiderhansen.com

Thank you for submitting a completed Credit Application.

We will advise your contact person as soon as your account has been opened and credit terms have been granted.

For Office Use Only

Account Number:	Account Type:	Salesperson:
Terms Code:	Ship to Code:	Select Warehouse / Branch:
Authorized Credit Limit \$ _____	Credit Approval	_____

Date:	PL : 1 2 3 4 5	Territory: