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## Credit Application

**Please Note:** Incomplete applications will not be accepted. Please ensure that you complete all required fields, provide full contact details of three commercial credit references who have extended credit to your business, read the Credit Agreement, and sign it to accept the terms of credit.

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing address: \_\_\_\_\_  
No. Street City Province Postal Code

Ship to address: \_\_\_\_\_  
No. Street City Province Postal Code

Principal(s): \_\_\_\_\_  
Name Phone Email address

Accounts Payable: \_\_\_\_\_  
Name Phone Email address

Business primarily engaged in: \_\_\_\_\_ Date established: \_\_\_\_\_

Business Type: ☐ Corporation ☐ Sole Proprietorship ☐ Partnership ☐ Other: \_\_\_\_\_

Amount of monthly credit desired: \_\_\_\_\_ Purchased orders required: ☐ Yes ☐ No

Invoice Delivery: ☐ With orders ☐ Mail ☐ E-mail: \_\_\_\_\_

Monthly Statement Delivery: ☐ Mail ☐ E-mail: \_\_\_\_\_

Bank Information: \_\_\_\_\_  
Name Address Phone

### Credit References:

\* MUST PROVIDE EMAIL ADDRESS \*

1. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City Province Postal Code

2. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City Province Postal Code

3. Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
No. Street City Province Postal Code

### Credit Agreement:

"I agree to pay my account in accordance with Action Security Locksmiths' terms of Net 30 days. Accounts over 45 days will be placed C.O.D. Interest is charged at 2% per month on all overdue accounts. I agree to pay all costs in the collection of past due payments whether a suit or action is filed or not. If litigation is commenced, I agree to pay such additional sums as the court may judge to be reasonable as attorney's fees in the litigation, or any appeal there from. Should a dispute arise, the laws of the province of Alberta and the terms and conditions of this credit agreement shall govern. All disputes must be filed in the Province of Alberta, City of Edmonton. Action Security Locksmiths is hereby authorized to investigate all trade references and obtain information from credit reporting agencies. In the event of cheques being returned by the bank for insufficient funds, I agree to pay the current rate per each cheque returned. I understand that credit is extended by Action Security Locksmiths for my convenience and that Action Security Locksmiths shall have the right to terminate this agreement at any time without notice to me. I agree that upon termination of this credit agreement, all sums owing on the date of termination shall be immediately due and payable, together with charges applicable thereto. The information contained herein is complete and truthful. I have read and accept the terms and conditions of sale shown on this credit agreement."

Agreed to by (signature): \_\_\_\_\_ Position: \_\_\_\_\_

Print above signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed application by email to [ar@actionsecuritylock.com](mailto:ar@actionsecuritylock.com)