



"PROPANE - SALES, SERVICE"

4255 - 64 Avenue S.E.  
Calgary, AB T2C 2C8  
Phone: 403 279 4777 Fax: 403 720 2224

**COMMERCIAL CREDIT APPLICATION**

DATE: \_\_\_\_\_

1) LEGAL CORPORATE NAME: \_\_\_\_\_  
TRADE NAME: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_ YEARS IN BUSINESS \_\_\_\_\_  
CITY: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

2) ACCOUNTS PAYABLE CONTACT NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

PRINCIPLES OF OFFICERS OF THE COMPANY

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

3) BANKING INFORMATION:  
BANK: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

4) TRADE REFERENCES/SUPPLIERS: (Please supply at least three)  
\_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
\_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Do you require that purchase order numbers be shown on invoices? (Yes/No) \_\_\_\_\_  
Do you require monthly statements? (Yes/No) \_\_\_\_\_

**Cal-Gas will investigate personal history on the principles of an unincorporated company in the event of default. It is agreed by the applicant(s) that an interest charge of 2% per month, 26.82% per annum, is and will be payable by the applicant on all overdue accounts from the due date.**

**DUE DATE IS 30 DAYS FROM THE DATE OF INVOICE**

As authorized agents of the company, I/We agree to the terms and conditions outlined herein:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed application to 780 826 8933  
Or by mail to 4916 – 55th Avenue Bonnyville, AB T9N 2K6