



"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 P.O. Box 821 Carlyle, SK S0C 0R0