



"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 306 453 6374  
 Or by mail to 643 Railway Avenue P.O. Box 757 Kerrobert, SK S0L 1R0