



12319 20TH Ave Blairmore, AB, T0K 0C0
 Phone: (403) 562-7235 Fax: (403) 562-7253
 Website: www.complexskin.ca Email: complexskin@shaw.ca

CREDIT APPLICATION

Business Name:		Please Select One <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company	
Address:		City:	
Province:		Postal Code:	
Telephone #		Fax #	
How long in Business:		Registered legal name	
Credit limit requested:		Name of Bank:	
Bank Address:	Phone #	Contact:	

Principal(s) Information:

Name	Title	Home Phone #	Home Address

Trade References

Supplier Name	Address	Phone #	Fax #

I/we hereby request to establish credit privileges with **Complex Skin** and agree to pay for all purchases in accordance with your **net 30 day terms** and further agree to pay a service charge on any amounts past due calculated at 2% per month (26.8% per annum).

I/we certify the above information to be correct. Further, **Complex Skin** is authorized to obtain credit reports or other information, on both the company and the principals, to establish this account and for the ongoing maintenance and collection of this account.

I/we also authorize our bank to inform you of line of credit availability or account balance as deemed necessary.

Signature _____ Position _____

Name (printed) _____ Date _____

Signature _____ Position _____

Name (printed) _____ Date _____

Personal Guarantee

In consideration of **Complex skin** (hereinafter called "The Company") extending credit to _____ (hereinafter called "The Customer") I/we the undersigned do jointly and severally, hereby guarantee to the company it's successors and assigns full and complete payment of all trade debits owing now or in the future by the customer.

Guarantor Signature _____ Date _____
Print Name _____

Guarantor Signature _____ Date _____
Print Name _____

Witness Signature _____ Date _____
Print Name _____