

NOR-VAL RENTALS LTD.

3004 Smith Drive
Armstrong, B.C. V0E 1B1
Phone: 250-546-6670 Fax: 250-546-9116

Date: _____

Credit Margin Required: _____

All information supplied will be used for credit purposes only and remain confidential.

Legal Name of Company: _____

Trade Name of Company: _____

Check one: Corporation Partnership Proprietorship Type of Business: _____

Company Phone: _____ Cellular Phone: _____ Fax: _____

Mailing Address: _____ Postal Code: _____

Name of Person Making Application: _____ Position: _____

Name(s) of Proprietor or Officers:

1. _____ Title: _____ Sin# _____ DL# _____

2. _____ Title: _____ Sin# _____ DL# _____

Accounts Payable Officer: _____ Phone: _____ Email: _____

Length of Time in Business: _____ Year Established: _____

Emergency Contact name: _____ Phone: _____

Invoices & Statements - Faxed / Emailed / Mailed (circle one)

Trade References

1. Name: _____ Address: _____

Phone: _____ Fax: _____ How Long Dealing: _____

2. Name: _____ Address: _____

Phone: _____ Fax: _____ How Long Dealing: _____

3. Name: _____ Address: _____

Phone: _____ Fax: _____ How Long Dealing: _____

Bank References

Bank Name: _____ Contact: _____ Address: _____

AGREEMENT OF TERMS OF SALE

The applicant certifies that the above statements are correct and agrees with the terms of sale set forth by Nor-Val Rentals Ltd. as follows:

1. That all accounts are due and payable within 30 days from the date of the invoice.
2. That a service Charge of 2% per month (24% per annum) will be paid by the customer on any amounts not paid within terms.
3. Any contracts paid by Credit Card after 30 days will have a 2% surcharge.
4. If the account holder is a company, the undersigned and/or proprietor(s) agree they will be personally and individually liable for any indebtedness owed by the company.

Signature: _____ Title: _____ Date: _____

FOR OFFICE USE ONLY

Date Rec'd: _____ Approved By: _____