



# CREDIT ACCOUNT APPLICATION

**BRASCO SAFETY INC.**  
 161 ATHABASCAN AVE  
 SHERWOOD PARK, AB T8A4C8  
 TEL: 780-449-2551  
 FAX: 780-410-9925  
 EMAIL: [accounting@brascosafety.com](mailto:accounting@brascosafety.com)

Name of Business:	Shipping Address		
Billing Address			
	City:	Province:	Postal Code:
City:	Province:	Postal Code:	Phone: Fax:
Phone:	Fax:	Number of Years in Business:	Number of Employees:
Parent/Affiliate Company			
Do you plan to resell our products? YES _____ NO _____	Are you tax exempt? YES _____		
Do you require Purchase Order? YES _____ NO _____	PLEASE INCLUDE A COPY OF YOUR TAX-EXEMPT CERTIFICATE IF APPLICABLE		
Estimated Annual Purchases: \$	<b>[All accounts will be setup as taxable unless a signed tax exemption certificate is provided]</b>		
Credit Line Requested: \$	Tax Number:		

## TRADE REFERENCES

Company Name:	Company Name:
Contact:	Contact:
Address:	Address:
City: Province: Postal Code:	City: Province: Postal Code:
Phone: Fax:	Phone: Fax:
E-mail:	E-mail:

## COMPANY CONTACTS

Purchasing Agent:	Accounts Payables:
Phone: Ext.:	Phone: Ext.:
Fax:	Fax:
E-mail:	E-mail:
How would you like to receive your invoices and/or statements? <i>E-mail/ Fax/ Mail:</i>	

*The above information is for the purpose of obtaining credit and is warranted to be true. I hereby authorize Brasco Safety Inc. to investigate the references listed pertaining to my/our credit and financial responsibility.*

**\*\*Please Sign\*\* Applicant's signature attests acknowledgment of Brasco Safety Credit Terms of Net 30 Days**

**SIGNED BY \_\_\_\_\_ PRINT NAME & TITLE \_\_\_\_\_**

**FOR BRASCO SAFETY OFFICE USE ONLY – PLEASE DO NOT WRITE BELOW THIS LINE**

Terr \_\_\_\_\_ Acct. Mgr. \_\_\_\_\_ Credit Limit \_\_\_\_\_ Acct # \_\_\_\_\_

CREDIT DEPT. APPROVAL BY: \_\_\_\_\_ DATE \_\_\_\_\_