BUSINESS CREDIT APPLICATION

10123 99Ave (HR Block Building) Telephone (250) 787-9315 Fax Number (250) 878-8839
Fort St John BC, V1J 1V2 Website alpha-training.ca E-mail ar@alpha-training.ca

Your Business Name and Contact Information (Important: Complete all fields below)

Name of Business:			
Representative Name:			Title:
Address:		**EMAIL:**	
City:	Prov:	Postal Code:	Phone:

Your Company Contact Information

Type of Business:			Years in Business:	
Business Number:				
Province:	Corporation ☐	Partnership ☐	Proprietorship ☐	
Parent Company: (If applicable)				
Company Principal Name:			Title:	
Address:	City:	Prov:	Area Code:	Phone:

Your Business Credit References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Email Address:	Email Address:	Email Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Payment frequency:	Payment Frequency:	Payment Frequency:

Terms & Conditions

We the undersigned (by representative) understand and agree to the following,

- The information provided on this page is for the purpose of obtaining credit with Alpha Training Solutions (ATS) Ltd.
- We authorize (ATS) to obtain pertinent credit information regarding our business from our vendors.
- The undersigned person is authorized to bind our company to all accounts or monies due to (ATS).
- All bills received from (ATS) will be paid within 30 days of their invoice date.
- All past due accounts may draw a maximum interest rate allowable under the laws of British Columbia.
- We agree to comply with all (ATS') Policies & Procedures specified on their website.
- A Purchase Order Number and /or other billing details necessary for billing purposes will be provided by our company when charging this account.
- Our account may automatically be closed after one (1) year of inactivity.

I have read and agree to all the above terms & conditions.

Name of Your Company:_____ Authorized Signature:_____

Title:_____ Printed Name:_____

OFFICE USE ONLY

Approved: Yes ☐ No ☐ Date: _____ Credit Limit: $_____

Authorized by: _____ Signature:_____