



BOX 41, GROUP 582, RR#5 – 220 TRANSPORT ROAD, WINNIPEG, MB. R2C 2Z2
 PHONE 204-224-0430 FAX 204-224-0055
 EMAIL: accounts@polarindustries.ca

CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title		Date business commenced	
Company name		<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other	
Phone Fax			
E-mail			
Registered company address City, Prov, Postal Code			
Company/Accounting mailing address City, Prov. Postal Code			

BUSINESS AND CREDIT INFORMATION

Bank name:		Bank Address	
Bank Contact:		City, Prov, Postal Code	
Phone		Alt. Phone	
Fax		Account number	
E-mail		Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES – CAN NOT BE FUEL SUPPLIERS

Company name		Phone	
Address		Fax	
City, Prov. Postal Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Prov. Postal Code		E-mail	
Type of account		Other	
Company name		Phone	
Address		Fax	
City, Prov. Postal Code		E-mail	
Type of account	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other	Other	

AGREEMENT

1. All invoices are to be paid **14** days from the date of the invoice.
2. Claims arising from invoices must be made within 24 Hours of Receiving Product.
3. By submitting this application, you authorize Polar Industries to make inquiries into the banking and business/trade references that you have supplied.



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SIGNATURES - VENDOR

Signature		Signature	
Name and Title		Name and Title	
Date		Date	

Polar Industries - Office use only:

Approval of Credit to Company Noted Above

SIGNATURES – POLAR INDUSTRIES LTD.

Signature		Signature	
Name and Title		Name and Title	
Date		Date	