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CREDIT APPLICATION

Name of Business: _____		Contact: _____		
Address: _____		City: _____	Postal/Zip Code: _____	
Province/State: _____		Country: _____		
Phone: _____	Fax: _____	Email: _____		
Type of Business: _____		Years in Business: _____		
Registered As: _____		Proprietorship: <input type="checkbox"/>	Corporation: <input type="checkbox"/>	Other: <input type="checkbox"/>
Names of Principals and Titles:				
1. _____				
2. _____				
3. _____				
Trade References (Three)	Phone	Fax	Email	\$ Owing
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
Accounts Payable Contact: _____		Do You Issue Purchase Orders?		
Anticipated Monthly Purchases: _____		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Federal Tax Number: _____		Provincial Tax Number: _____		
Name of Bank: _____		Phone: _____		
Address: _____		Fax: _____		
Loans: _____		Contact: _____		

I (We) hereby authorize Telematic Controls Inc. and its affiliates to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit amount or for any other direct business purpose.

I (We) further understand and agree to the credit terms of sale as stated below this application and we further agree that a service charge will be levied against past due accounts at the rate notified by Telematic Controls Inc. and its affiliates from time to time which at present is 1.5 % per month.

AUTHORIZED SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

TITLE: _____
(Mmm-dd-yyyy)

All invoices are due and payable 30 days after date of invoice unless otherwise stated. In the event of a disputed invoice, the representative should notify Telematic Controls Inc. and its Affiliates within fifteen (15) days of the invoice date by specifying the invoice number, the nature of the dispute and the amount under dispute.

