



1119 Cliveden Ave.
Delta, BC
V3M 6G9

Tel. 604-525-5549
Fax. 604-525-4496
WWW.BRITE-LITE.COM

Operating Name: _____ Type of Business: _____
Legal Business Name: _____ Associated Companies: _____
Phone: _____ Fax: _____ Website: _____

Billing / Mailing address:

Shipping address:

_____	_____
_____	_____
_____	_____
_____	_____

Business Information:

GST/HST Number: _____ Is your business a: corporation partnership sole proprietorship
How many years in business: _____ yrs. Under Present Control Since: _____ Number of Employees: _____
Principles or directors:
1. _____
2. _____
Name Address Phone

Bank reference:

Bank: _____ Branch: _____ How Long: _____
Bank Contact: _____ Account Number: _____
Address: _____ Telephone Number: _____

Administration:

Credit limit requested (monthly): \$ _____ Purchase order number required: Yes No
Name of Authorized Purchasing Agent(s): _____
Preferred Method of payment: Cash. Cheque. Credit Card (Visa & MasterCard Only) Electronic Funds Transfer**
Accounts Payable Contact: _____ Direct Tel: _____
Brite-Lite sales representative: _____

Trade references:

1. _____ Ph: _____ Fax: _____
2. _____ Ph: _____ Fax: _____
3. _____ Ph: _____ Fax: _____
4. _____ Ph: _____ Fax: _____

Credit Agreement – Terms and Conditions

In consideration of \$1.00, receipt, which is acknowledged, Brite-Lite Inc. "Supplier" permitting the purchase of goods and services on a credit basis, there herein mentioned applicant hereby agrees to the following terms and conditions.

1. PAYMENTS:

I (we) agree to pay all invoices and other charges 30 days following the date of purchase.
I (we) agree to pay all service charges levied against the account as the result of late payments. It is understood that interest charges shall be payable at the rate of 24% per annum, (2% per month, 0.07% daily) on the overdue balance indebted to Brite-Lite Inc.
I (we) expect any change in rates to be notified to me by ordinary mail or fax.
I (we) agree that interest shall be calculated on each invoice date being the last day of each month, Based on the date of each sale as debited to the account.
I (we) agree to pay all charges made to the account if purchases authorized by any person in our (my) employment.
I (we) also agree to be held liable for all purchases made to the account, authorized, unless we have specifically supplied with a written list of names authorized to charge to the account.

2. MISCELLANEOUS:

I (we) agree to promptly notify the supplier of any change of address or change in purchaser.
I (we) agree that the Supplier shall have the right to cancel at any time without notice to the applicant.
Any balance owing at time of cancellation shall become due and payable immediately.
I (we) agree to hold the Supplier harmless to any inconvenience whatsoever, caused by either temporary or permanent withdrawal of credit privileges whether or not I (we) have received any advise such withdrawal.
I (we) acknowledge receipt of all merchandise delivered to me (us) in accordance with our shipping instructions, and that no further acknowledgements or acceptances are required to be obtained by the supplier.
I (we) agree to pay all collection costs including solicitor costs on a solicitor and client basis, which may arise from non-payment individual invoices or of the account.
I (we) agree that the Supplier may obtain credit and/or personal information as may be required at any time in connection with the credit hereby applied for any renewal or extension thereof.
I (we) agree to the disclosure of any credit information concerning the account in any credit reporting agency or any person with whom I (we) have or purpose to have financial dealings.
I (we) agree that the Title of the Products Remain With Brite-Lite Inc. (Supplier) Until Full Payment has been received.

I (WE) HAVE READ THE CONDITIONS OF SALE AND HEREBY AGREE TO THEM. I WARRANT THE INFORMATION ON THIS CREDIT APPLICATION TO BE BOTH ACCURATE AND TRUE TO THE BEST OF MY (OUR) KNOWLEDGE.

I AM AN OFFICER OF THE COMPANY AND I AM AUTHORIZED TO MAKE ALL STATEMENTS ON ITS BEHALF.

Dated at: _____ this _____ day _____ Year _____
(City or location)

Name (PLEASE PRINT): _____ Title: _____

Authorized Signature: _____

HELP US GO GREEN! PLEASE CHECK THE APPROPRIATE BOXES.

- EMAIL INVOICES TO: _____
(PLEASE PRINT VERY CLEARLY)
- EMAIL STATEMENTS TO: _____
(LEAVE BLANK IF SAME AS ABOVE)
- MAIL PAPER INVOICES TO THE BILLING ADDRESS AS INDICATED ON PAGE 1

***PLEASE FAX TO: (604)-525-4496 *OR *E-mail to: doug@brite-lite.com
(Standard Mail to the address indicated on front page) ***