



PO Box 192 / #201 Main Street  
Hay Lakes, AB T0B 1W0 CANADA  
Tel: (780) 878-3578 / Fax: (780) 878-3348

## Credit Application Form

**PLEASE FILL OUT, SIGN AND RETURN THIS FORM BY FAX.**

**TO:** Engraving Masters, c/o Credit Dept.      **DATE:** \_\_\_\_\_

**FAX:** (780) 878-3348      **# PAGES:** \_\_\_\_\_

**COMPANY NAME:**

Shipping address: \_\_\_\_\_      Billing address: \_\_\_\_\_

Telephone: \_\_\_\_\_      Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_      Fax: \_\_\_\_\_

Date founded: \_\_\_\_\_      Estimated annual sales: \_\_\_\_\_

Federal tax ID no.: \_\_\_\_\_      Certificate exemption no.: \_\_\_\_\_

(please attach a copy of the certificate)

**Bank:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_      Title: \_\_\_\_\_

Account number: \_\_\_\_\_

Telephone: \_\_\_\_\_      Fax: \_\_\_\_\_

**TRADE REFERENCES:**

Company: \_\_\_\_\_      Fax: \_\_\_\_\_      Tel.: \_\_\_\_\_

Company: \_\_\_\_\_      Fax: \_\_\_\_\_      Tel.: \_\_\_\_\_

Company: \_\_\_\_\_      Fax: \_\_\_\_\_      Tel.: \_\_\_\_\_



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## Credit Application Form Cont'd

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### The undersigned applicant

- understands and agrees to comply with Engraving Master's payment terms

**ENGRAVING MASTERS PAYMENT TERMS:      NET 30 DAYS**  
**Upon credit approval**

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The undersigned applicant certifies that all information submitted herein is complete and accurate and authorizes Engraving Masters to:

- request information about your firm from trade references, your bank, and credit reporting agencies;
- disclose information about your firm to trade references;
- obtain further information about your firm from time to time;
- check the information you have given us from time to time;
- authorize any person we may contact to provide us with such information.

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_