



PO Box 5103, Fort McMurray, AB, T9H 3G2 PH: 780-790-9292 FAX: 780-790-0120 admin@OilCityExpress.com www.OilCityExpress.com

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Name	Title	
Company name	<input type="checkbox"/> Sole proprietorship	<input type="checkbox"/> Partnership
Phone Fax	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
E-mail Website		
Registered company address City, Prov/State, Postal/ZIP Code		

BUSINESS AND CREDIT INFORMATION

Bank name	Phone Fax
Bank address City, Prov/State, Postal/ZIP Code	
Account number	<input type="checkbox"/> Savings <input type="checkbox"/> Checking <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name	Phone
Address	Fax
City, Prov/State, Postal/ZIP Code	E-mail
Type of account	Other
Company name	Phone
Address	Fax
City, Prov/State, Postal/ZIP Code	E-mail
Type of account	Other
Company name	Phone
Address	Fax
City, Prov/State, Postal/ZIP Code	E-mail
Type of account	Other

ACCOUNTS PAYABLE INFORMATION

Can we email scanned copies of invoices to your AP department? <input type="checkbox"/> YES <input type="checkbox"/> NO	Email
Please provide AP department mailing address and contact info below	
Bill To Company Name	AP Contact Name
Address	Phone/Fax
City, Prov/State, Postal/ZIP Code	E-mail
Are you able to setup invoice payment by EFT or will you be issuing paper cheques? <input type="checkbox"/> EFT <input type="checkbox"/> Cheque	



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AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice, unless agreed otherwise.
 - Terms agreed to if not 30 days: _____
2. Claims arising from invoices must be made within ten working days.
3. By submitting this application, you authorize Oil City Express to make inquiries into banking/business/trade references you have supplied.
4. ***In an attempt to minimize environmental impact as well as streamline processes by going electronic, we try to encourage our customers to allow us permission to send your invoices (and backup) via email, as well as pay our invoices by EFT.***

SIGNATURES

OIL CITY EXPRESS		CUSTOMER	
Signature		Signature	
Name and Title		Name and Title	
Date		Date	