



Division of Trans-Continental Textile Recycling Ltd.

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Unit 6150 - 44th St SE, Calgary, AB T2C 5K5
PH: 403-278-7870

www.cleancloth.ca

Email: orders@cleancloth.ca

CREDIT APPLICATION

COMPANY LEGAL NAME: _____

ADDRESS: _____ CITY: _____ PROV: _____ POSTAL: _____

SHIPPING ADDRESS: _____ CITY _____ PROV: _____ POSTAL: _____

PHONE: _____ FAX: _____ EMAIL: _____

IN BUSINESS SINCE: _____ TYPE OF BUSINESS: _____

A/P CONTACT NAME: _____ PH: _____ EMAIL: _____

PAYMENT METHOD: CHEQUE ___ DIRECT DEPOSIT ___

PURCHASER NAME: _____ PH: _____ EMAIL: _____

OWNER NAME: _____ PH: _____ EMAIL: _____

PST EXEMPTED? YES ___ NO ___ If yes, PST Number: _____ BUSINESS NO: _____

You will be required to submit a Certificate of Exemption if you are PST Exempt

Will you require the use of purchase order numbers? YES ___ NO ___

Receiving Hours: _____ Loading Dock Available (yes/no) _____

Choose One: Forklift or Pallet Jack Available

BANK: _____

BRANCH: _____

ADDRESS: _____

PHONE NO. _____

CREDIT REFERENCES

COMPANY NAME	CONTACT NAME	CITY/PROV.	PHONE	FAX

I/We agree that the terms of sale are NET 30 DAYS and I/We also agree to pay service charges and/or reasonable collection costs, if when my/our account payments are in arrears.

DATE Sign: _____
OWNER or OFFICER

FOR INDIVIDUALS AND PROPRIETORSHIPS: This will constitute your authority to conduct whatever personal investigation you determine necessary in reference to my above application.

DATE Sign: _____
OWNER

Please return the signed form to Claudia at accounting@cleancloth.ca or fax# 604-592-2846