

Fill in this form on screen or by hand, sign page 2 and email it to dorene@threaditpp.com

* required

1 Business information

LEGAL BUSINESS NAME *

OPERATING NAME, IF DIFFERENT

STREET ADDRESS *

CITY *

PROVINCE *

POSTAL CODE *

SHIPPING ADDRESS, IF DIFFERENT

MAIN PHONE *

WEBSITE

GST / BUSINESS NUMBER

YEARS IN BUSINESS

BUSINESS STRUCTURE *

☐ Corporation ☐ Partnership ☐ Sole proprietor ☐ Other

TYPE OF BUSINESS

☐ Distributor / wholesale ☐ Contractor / fabricator ☐ End user / operator

2 Contacts

OWNER OR PRINCIPAL *

TITLE

PURCHASING CONTACT

PURCHASING EMAIL

ACCOUNTS PAYABLE CONTACT *

ACCOUNTS PAYABLE EMAIL *

ACCOUNTS PAYABLE PHONE

SEND INVOICES TO (EMAIL)

3 Credit requested

REQUESTED CREDIT LIMIT (\$)

ESTIMATED MONTHLY PURCHASES (\$)

PO NUMBER REQUIRED ON INVOICES?

☐ Yes ☐ No

TAX EXEMPT? (ATTACH CERTIFICATE)

☐ Yes ☐ No

4 Bank reference

BANK NAME

BRANCH ADDRESS

ACCOUNT MANAGER

BANK PHONE

5 Trade references

Three suppliers you buy from on account. Reference 1 is required.

REFERENCE 1: COMPANY *

CONTACT

PHONE *

EMAIL

REFERENCE 2: COMPANY

CONTACT

PHONE

EMAIL

REFERENCE 3: COMPANY

CONTACT

PHONE

EMAIL

6 Terms and authorization

1. Payment is due net 30 days from the date of invoice, unless THREADIT agrees otherwise in writing.
2. THREADIT may approve, set, change or withdraw the credit limit at any time.
3. Custom nipples, tapped flanges and crop pipe are made to order and are not returnable.
4. The applicant authorizes THREADIT to contact the bank and trade references listed above to evaluate and review this account.
5. The applicant will tell THREADIT in writing about any change in ownership, legal name or address.

☐

I have read and agree to the terms above. I am authorized to sign for the applicant, and the information in this application is true and complete.

PRINT NAME *

TITLE *

DATE *

AUTHORIZED SIGNATURE *

FOR THREADIT OFFICE USE ONLY

ACCOUNT #

APPROVED LIMIT

TERMS

APPROVED BY / DATE