



**RELIABLE TUBE Inc.**

26867 Gloucester Way  
Gloucester Industrial Park  
Langley, B.C.  
V4W 3Y3

**APPLICATION FOR CREDIT**

Phone: 604.857.9861  
Fax: 604.857.9831  
Toll Free:  
Phone: 1.888.304.5888  
Fax: 1.877.783.3131

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

**COMPANY NAME** (in full) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

PST #: \_\_\_\_\_ P.O. # required Yes No

**TYPE OF BUSINESS**

Sole Proprietorship Partnership Limited Company Date Business Started: \_\_\_\_\_

**OWNERSHIP** List details of Principals/Owners

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

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

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

**TRADE REFERENCES** (Applications will not be processed without fax numbers)

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

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

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

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

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

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

**TERMS:** All accounts are due and payable thirty (30) days following the date of invoice. I/We hereby agree to pay interest charged on overdue accounts at the rate of 2% per month.

Initial \_\_\_\_\_

I/We hereby authorize Reliable Tube Inc. and/or it's agents to obtain such credit reports or other information as may be deemed necessary in connection with the establishment and maintenance of a credit account or for any other direct business requirement.

Initial \_\_\_\_\_

In consideration of Reliable Tube Inc. granting credit to \_\_\_\_\_  
Hereinafter referred to as the Customer the undersigned does hereby jointly and severally & unconditionally guarantee payment of all present and future debts and liabilities to Reliable Tube Inc. whether incurred by the Customer or jointly with any other person or corporation. It is further understood that this guarantee shall be continuing.

Dated at: \_\_\_\_\_ in the province of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Witness: \_\_\_\_\_ Guarantor \_\_\_\_\_

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

Position/Relationship: \_\_\_\_\_ Position: \_\_\_\_\_