7058D Farrell Road S.E. Calgary, AB T2H 0T2
Ph: 403-252-1800 Fax: 403-252-1667
E-mail: sales@legacymarking.ca or
accounting@legacymarking.ca (Accounts Receivable)

Credit Application

Legal Company Name: _____

Billing Address: _____

_____ City _____ Province _____ Postal Code

Shipping Address: _____

_____

Officers or Principals:

Purchaser: _____

A/P contact: _____ Name & Phone _____ E-mail

Current Vendor References:

1. Company Name _____

A/P contact & Fax _____

2. Company Name _____

A/P contact & Fax _____

3. Company Name _____

A/P contact & Fax _____

Bank: _____

Address: _____

_____ Contact _____ Phone

I hereby authorize Legacy Marking, Inc. to investigate the references listed above, pertaining to credit and financial responsibility.

Applicant's signature attests financial responsibility and willingness to pay our invoices according to terms of Net 30 or as specified on the invoice.

_____ Signature _____ Title _____ Date