



17949 Roan Place
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APPLICATION FOR CREDIT

Company Name: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Shipping Address: _____

Phone Number: _____ Fax Number: _____

Accounts Payable Contact: _____ Phone Number: _____

Email Address: _____

Preferred Billing Method: Mail ___ Email ___ Address for Email Billing: _____

Date Business Established: _____

Company Principal (s): _____ Title: _____

Trade References	Phone	Fax
1. _____		
2. _____		
3. _____		

Bank: _____ Phone: _____ Fax: _____

Terms and Conditions

It is hereby agreed and understood that invoices are due and payable within 30 days of the invoice date. Service charges on overdue accounts may apply.

I/We authorize LineStar Utility Supply Inc. to verify the information contained in this request. I/We also authorize the above mentioned suppliers and bank to disclose such information to LineStar Utility Supply Inc.

Signature: _____ Date: _____

Title: _____