



Unit 6, 1899 Lasalle Blvd., Sudbury, Ontario, P3A 2A3  
(705) 560-5888 • (705) 626-7909 • sales@bddrill.ca

**CREDIT APPLICATION  
(COMPANY)  
CONFIDENTIAL**

**PLEASE PRINT**

Company Name ("the Company") _____		
Business Address _____		
City _____	Province _____	Postal Code _____
Telephone _____	Fax _____	Cell _____
Contact Name _____		
Address for Deliveries _____		
City _____	Province _____	Postal Code _____

**COMPANY INFORMATION**

Legal Name of Business \_\_\_\_\_  
Trade Name (if different) \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Registered Office Address \_\_\_\_\_  
Business Number \_\_\_\_\_  
Business is:                       Corporation                       Partnership                       Sole Proprietor  
Tax ID # or SIN # (if sole partnership) \_\_\_\_\_  
In Business since \_\_\_\_\_  
Premises owned \_\_\_\_\_ Authorized Capital \$ \_\_\_\_\_  
Paid-up capital \_\_\_\_\_

**BANK REFERENCES**

Institution Name \_\_\_\_\_  
Address \_\_\_\_\_  
Institution Number \_\_\_\_\_ Transit Number \_\_\_\_\_  
Chequing Account \_\_\_\_\_ Savings Account \_\_\_\_\_  
Details of Bank or other secured charges \_\_\_\_\_  
\_\_\_\_\_  
Electronic Funds Transfer (EFT)  
Account Number \_\_\_\_\_

**DIRECTOR DETAILS**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
                                Street                                  City                                  Province                                  Postal Code

**DIRECTOR DETAILS (CONTINUED)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Street City Province Postal Code

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Street City Province Postal Code

**BUSINESS REFERENCES (Minimum of Three)**

1. \_\_\_\_\_  
Name Telephone/Fax Monthly Purchases/Trading Terms  
Checked By \_\_\_\_\_
2. \_\_\_\_\_  
Name Telephone/Fax Monthly Purchases/Trading Terms  
Checked By \_\_\_\_\_
3. \_\_\_\_\_  
Name Telephone/Fax Monthly Purchases/Trading Terms  
Checked By \_\_\_\_\_

Shipping Agreement \_\_\_\_\_  
Terms of Trading 30 days from Invoice date. Other \_\_\_\_\_

I/We agree to be bound by the BLACK DIAMOND DRILLING TOOLS CANADA INC. STANDARD CONDITIONS OF SALE printed overleaf which may be varied from time-to-time by BLACK DIAMOND.

Director's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Director's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Director's Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Date \_\_\_\_\_

Requested Monthly Credit Limit \_\_\_\_\_

<b>BLACK DIAMOND DRILLING TOOLS CANADA INC. use only:</b>		
Representative's Signature _____	Recommended Credit Limit _____	
Terms of Trading _____		
Comments _____		
Credit Limit _____	Account Code _____	Rep _____
Approved By _____		Date _____
HEAD OFFICE		
Account Opened By _____		Date _____