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CREDIT APPLICATION

COMPANY NAME: _____
ADDRESS: _____ CITY: _____ PROV: _____
POSTAL CODE: _____ PHONE: _____ FAX: _____

SHIPPING ADDRESS: (if different from above) _____
CITY: _____ PROV: _____ POSTAL CODE: _____

BILLING ADDRESS: (if different from above) _____
CITY: _____ PROV: _____ POSTAL CODE: _____

A/P CONTACT: _____ PHONE: _____ FAX: _____

TYPE OF BUSINESS: _____ YEAR STARTED: _____
INCORPORATED: Y____ N____ YEAR: _____ PST EXEMPT: Y____ N____ PST #: _____

COMPANY PRINCIPALS:

1) NAME: _____ TITLE: _____ PHONE: _____
2) NAME: _____ TITLE: _____ PHONE: _____
3) NAME: _____ TITLE: _____ PHONE: _____

BANK INFORMATION:

BANK NAME: _____ BRANCH ADDRESS: _____
CONTACT NAME: _____ PHONE: _____ FAX: _____

TRADE REFERENCES:

1) NAME: _____ PHONE: _____
ADDRESS: _____ FAX: _____
2) NAME: _____ PHONE: _____
ADDRESS: _____ FAX: _____
3) NAME: _____ PHONE: _____
ADDRESS: _____ FAX: _____

TERMS: net 30 days unless otherwise quoted. Interest will be charged on overdue accounts at a rate of 2% per month. Accounts not paid after 45 days after due date will automatically be placed on COD without prior notice.

I/We hereby authorize INNOVATIVE PARTS & SOLUTIONS LTD to obtain such credit reports or other information as may be necessary in connection with the establishment and maintenance of a credit account. I/We certify that the information supplied is true and accurate and to the best of my/our knowledge. I/We also certify that I/we have read and fully understand your credit terms.

SIGNATURE: _____ TITLE: _____
PRINT NAME: _____ DATE: _____