



10375 78 Avenue
 Edmonton, Alberta T6E 6B3
 P: 780-430-1154
 F: 780-430-1161
 E: gm@strathconaregistry.com

CREDIT APPLICATION

CORPORATE CONTACT INFORMATION

Date of Application		Date Business Commenced	
Company Name			
Contact Name & Position			
Phone Number			
E-mail Address			
Billing Address			
	<i>Suite</i>	<i>Street</i>	<i>City</i> <i>Province</i> <i>Postal Code</i>
Type of Organization	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Maximum Credit Limit Authorized:	\$ _____		
Type of Service	<input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Personal Property <input type="checkbox"/> Corporate <input type="checkbox"/> Land Title		

BANK INFORMATION

Company Bank	
	PLEASE ATTACH VOID CHEQUE

TRADE REFERENCES

Company Name	
Address & Phone No	
Contact Name & E-mail	
Company Name	
Address & Phone No	
Contact Name & E-mail	
Company Name	
Address & Phone No	
Contact Name & E-mail	

AGREEMENT

- Payment terms are net **30 days from Statement Date**. Past due accounts are subject to a **\$15 late fee, monthly**.
- A 2% surcharge will be applied to the total balance of the statement for payments processed on a credit card.
- I hereby authorize Strathcona Registry to use the credit card listed to pay off any debts that are left outstanding for more **than 90 days from date of service provided** (for small businesses with no credit history, this term is shortened to 30 days).
- I certify that the information contained herein is complete and accurate, and has been furnished with the understanding that is to be used to determine the amount and conditions of the credit to be extended.

SIGNATURE

Authorized Signature	
Name and Title	

*****All Business must have \$ 1,000.00 or more per year in services to have an active account *****

For Internal Purposes Only: <input type="checkbox"/> Received Credit Card Authorization Form	Manager Signature: _____
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CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Name on the Card: _____

Card Type: VISA MasterCard

Card Number: _____ Expiry Date: ____/____
MM / YY

CVD Number (3-digit number on back of card): _____

Return Method: E-mail Fax Pick-Up

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ Fax: _____

I authorize Strathcona Registry to use the credit card listed above to pay for the service(s) I have requested.

I hereby authorize Strathcona Registry to use the credit card listed to pay off any debts that are left outstanding more than 90 days from the date of service provided.

I certify that I am authorized to use this credit card.

Signature: _____ Date: _____

*****All Business must have \$ 1,000.00 or more per year in services to have an active account*****

For Internal Purposes Only:

Received Credit Card Authorization Form

Manager Signature: _____