

SPI Credit Application

Business Name _____ Date _____
Mailing Address _____ Phone _____
City _____ Fax _____
State / Province _____ Federal ID # _____
Zip Code / Postal Code _____ Email Address _____
Shipping Address _____ PST Exempt YES / NO
Line of Business _____ Exemption # _____
Owner _____ Date Established _____
Accounts Payable _____ Accounts Payable
Contact _____ Email _____

Bank References

Bank Name _____ Contact Name _____
Address _____ A/C # _____
City _____ Phone _____
State / Province _____ Fax _____
Zip Code / Postal Code _____

Trade References

_____	_____	_____
Name	Name	Name
_____	_____	_____
Address	Address	Address
_____	_____	_____
City, Province, PC	City, Province, PC	City, Province, PC
_____	_____	_____
Phone	Phone	Phone
_____	_____	_____
Fax	Fax	Fax
_____	_____	_____
Email	Email	Email

TERMS OF CREDIT

On behalf of the above-mentioned company, I verify that the above information is true, and I agree to the terms of business of **SPI**, that all invoices are due within 30 days of invoice date, and will be paid within 30 days. I also agree to a 2% (two percent) service charge per month on all overdue accounts, and to pay any collection and/or legal fees involved in collecting past due accounts.

Authorized Signing Official
Box 100, R.R.#2
Shallow Lake, ON N0H 2K0 Canada

Print Name
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[F] 519-935-2174

Title
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