



Individual Corporation Sole Proprietor Partnership Other

Registered Corporate Name:

Trade Style Name:

Mailing Address:

Province / State:

Country:

Postal/Zip Code:

Ship To Address:

Province / State:

Postal/Zip Code:

Telephone:

Fax:

Email:

Purchaser:

Telephone:

Email:

Cell Phone:

Accounts Payable:

Telephone:

Email:

Cell Phone:

Type of Business:

Est. Annual Purchase:

* NAMES OF ALL OFFICERS, PARTNERS, OR PROPRIETOR: (Attach list if more than three)

Name:

Title:

Name:

Title:

Name:

Title:

GST/PST/HST/QST Registration #:

Bank Reference:

Account #:

Address:

Contact:

Telephone:

Fax #:

Email:

* TRADE REFERENCES:

Name:

Phone #:

Fax #:

Name:

Phone #:

Fax #:

Name:

Phone #:

Fax #:

Est. Annual Usage:

Mogas:

Diesel:

Lubricants:

Furnace Oil:

Credit Limit Required:

(Peak volume within terms x 2 x price)

Payment Options:

PAD

Cheque

Credit Card

Purchase Order Required

Email or Fax Invoices/Statements

Tax Exempt Status:

Yes

No

Exemption Lic #:

(attach copies)

TERMS AND CONDITIONS: Terms of sale call for payment in full of all accounts 30 days from date of invoice unless otherwise specified, in writing, by the Seller. Default in payment will result in a 2% monthly interest charge (24% per annum) on all past due accounts. Customer does hereby authorize the Seller to conduct all credit investigations necessary for approval of this application and periodic updates. Materials will not be accepted for returns unless authorized by the Seller. Title to materials will not pass until full payment is made. AGREEMENT: Blue Water Group shall have all remedies available which includes the right to enforce remedies in accordance with applicable law as a secured party. In the event of an NSF cheque, a \$50.00 fee will be charged.

The Purchaser acknowledges to have kept a copy of this signed Credit Application and Agreement.

PRIVACY POLICY AND CONSENT: I acknowledge that Blue Water Group may have collected personal information from me, as defined by the Personal information Protection Electronics Documents Act or other provincial legislation. I consent to the use of this information for the purposes described.

Accepted by: _____

(Signature)

Title:

* MUST BE SIGNED BY AN OFFICER OF THE COMPANY, IF A CORPORATION*

Date:

