

CREDIT APPLICATION

Company Name (If Applicable): _____

Contact: _____ Contact Title: _____

Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: () _____ Fax: () _____ Cell: () _____

Email: _____

CREDIT INFORMATION

Banking Information:

Name of Bank: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Account Number: _____ Phone: () _____

References: (firms that have extended you credit.)

| NAME | ADDRESS | PHONE | FAX |
|------|---------|-------|-----|
| | | | |
| | | | |
| | | | |

Credit Limit Requested: _____

Monthly Statement Required: _____ YES _____ NO

- * Terms of payment is net **15 days** from the date of invoice.
- * If payment not received within within **15 days**, you will receive a warning message.
- * If payment still has not been received within **45 days**, a final warning message will be sent indicating that service will be cut off by the 8th of the month. Contact our office now.
- * After cut off occurs and the account is still unpaid, your account will be forwarded to collections at Planet's discretion.

Customer Signature: _____ Date: _____

INTERNAL USE ONLY:

| | |
|---------------------------|-----------------|
| Credit Limit: \$ _____ | Account#: _____ |
| Date Approved: _____ | CR#: _____ |
| Initials: _____ | Notes: _____ |
| Services Requested: _____ | |