

CREDIT APPLICATION



*Member number _____

Non-members submission of this Credit Application will be treated as a request for membership.

Fields marked with asterisk* must be completed. Incomplete applications will not be processed.

*Company name _____

Registered name _____

*Mailing address _____

Shipping address _____

Nature of business _____

*A/P contact _____

*Phone _____

Fax _____

*Email _____

Years in business _____

Years at present location _____

Type of business (check one) Corporation Partnership Proprietorship Other (specify) _____

Owner(s)/partner(s) _____

Director(s) name(s) _____

*Credit limit requested (Canadian \$) _____

Authorized users 1 _____

2 _____

3 _____

4 _____

*Purchase order required Yes No

Fields marked with asterisk* must be completed. Incomplete applications will not be processed.

(This section is not applicable to Government agencies.)

*Bank name _____

*Address _____

Phone _____

*Fax _____

*Account number _____

*Transit number _____

Contact _____

Trade references (3 minimum). Please provide full names, full addresses, phone and fax numbers.

*Name _____

Address _____

Phone _____

*Fax _____

*Name _____

Address _____

Phone _____

*Fax _____

*Name _____

Address _____

Phone _____

*Fax _____

I hereby authorize MEC CANADA INC. to obtain any information required from the above references relative to this application. I hereby agree to be responsible for all merchandise delivered to the above address and to notify MEC CANADA INC. of any changes to the above information. I agree to pay for all merchandise upon receipt of the invoice and will pay interest charges of 2% per month for all past due invoices.

*Authorized signature _____ Title _____ Date _____

This application will not be processed if any required information is not provided by the applicant.

Email cgs@mec.ca

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