



# FORT MCKAY LOGISTICS LP

## APPLICATION FOR CREDIT

**Application Date:**

**Business Information:**

Legal Business Name:			
Type of Business:	Proprietorship <input type="checkbox"/>	Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>
Billing Address:			
# of Years in Business:		Nature of Business:	
Credit Amount Requested:		PO Required:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Contact Name:			
Telephone #:		Fax #	
Email Address:			
Accounts Payable Contact:			
Telephone Number:			
Email Address:			

**Bank Information:**

Bank Name:			
Address:			
Contact Name:		Phone Number:	

**Trade References:**

Company Name	Contact	Telephone	Fax or Email
1.			
2.			
3.			



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### Terms of Credit Account:

- All issued invoices have payment terms of net 30 days. Any outstanding invoices subsequent to this will incur a 2% per month interest charge to a maximum of 24% per annum until payment is received in full.
- I/We make application for charge account and certify that the statement given above for the purpose of opening this account is true.
- I/We hereby authorize Fort McKay Group of Companies to obtain credit reports or other information deemed necessary in the establishment and maintenance of credit account.

**Please ensure all fields are complete in full. Incomplete applications will not be processed.**

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Please returned completed and signed credit application by email to [accountsreceivable@fortmckaygroup.com](mailto:accountsreceivable@fortmckaygroup.com) or by fax to (780) 788-3151 Attention: Accounts Receivable**