

**CREDIT APPLICATION**

**CORPORATE CONTACT INFORMATION**

Date of Application		Date Business Commenced	
Company Name			
Contact Name & Position			
Phone Number			
E-mail Address			
Billing Address			
	<i>Suite</i>	<i>Street</i>	<i>City Province Postal Code</i>
Type of Organization	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Corporation	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other	
Maximum Credit Limit Authorized:	\$		
Type of Service	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Personal Property	
	<input type="checkbox"/> Corporate	<input type="checkbox"/> Land Title	

**BANK INFORMATION**

Company Bank	
	<b>PLEASE ATTACH VOID CHEQUE</b>

**TRADE REFERENCES**

Company Name	
Address & Phone No	
Contact Name & E-mail	
Company Name	
Address & Phone No	
Contact Name & E-mail	
Company Name	
Address & Phone No	
Contact Name & E-mail	

**AGREEMENT**

- Payment terms are net **30 days from Statement Date**. Past due accounts are subject to a **\$15 late fee, monthly**.
- A 2% surcharge will be applied to the total balance of the statement for payments processed on a credit card.
- I hereby authorize Windermere Registry to use the credit card listed to pay off any debts that are left outstanding for more than **90 days from date of service provided** (for small businesses with no credit history, this term is shortened to 30 days).
- I certify that the information contained herein is complete and accurate, and has been furnished with the understanding that is to be used to determine the amount and conditions of the credit to be extended.

**SIGNATURE**

Authorized Signature	
Name and Title	

**\*\*\*All Business must have \$ 1,000.00 or more per year in services to have an active account\*\*\***

For Internal Purposes Only:

Received Credit Card Authorization Form

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



3489 Allan Drive SW  
Edmonton, Alberta T6W 3G9  
P: 780-422-0938  
F: 780-424-6885  
E: gm@windermeregistry.com

## CREDIT CARD AUTHORIZATION FORM

Company Name: \_\_\_\_\_

Name on the Card: \_\_\_\_\_

Card Type:  VISA  MasterCard

Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_  
MM / YY

CVD Number (3-digit number on back of card): \_\_\_\_\_

Return Method:  E-mail  Fax  Pick-Up

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize Windermere Registry to use the credit card listed above to pay for the service(s) I have requested.

I hereby authorize Windermere Registry to use the credit card listed to pay off any debts that are left outstanding more than 90 days from the date of service provided.

I certify that I am authorized to use this credit card.

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

**\*\*\*All Business must have \$ 1,000.00 or more per year in services to have an active account \*\*\***

For Internal Purposes Only:

Received Credit Card Authorization Form

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