

**SCOTTY INC.**  
 2065 Henry Ave West  
 Sidney, B.C.  
 CANADA  
 V8L 5Z6

Ph: (250) 656-8102  
 Fax: (250) 656-8126  
 E-mail: fire@scotty.com

**APPLICATION FOR CREDIT**

**U.S. FORM - FIRE DIVISION**

**PLEASE TYPE/PRINT (MAILING ADDRESS)**

**DATE:** \_\_\_\_\_

FIRM NAME		PHONE NO.
STREET		FAX NO.
CITY	STATE	ZIP CODE

**SHIPPING ADDRESS (IF DIFFERENT FROM MAILING)**

STREET		
CITY	STATE	ZIP CODE

NATURE OF BUSINESS	HOW LONG IN BUSINESS
OWNERS	
PURCHASING AGENT	
ACCOUNTS PAYABLE	
PROPRIETORSHIP: YES <input type="checkbox"/> NO <input type="checkbox"/>	TAX IDENTIFICATION NO.
PARTNERSHIP: YES <input type="checkbox"/> NO <input type="checkbox"/>	
LTD. LIABILITY CO.: YES <input type="checkbox"/> NO <input type="checkbox"/>	

BANK	FAX NO.	PH. NO.
ADDRESS	ACCOUNT NO.	
APPROX. MONTHLY CREDIT REQ'D	CONTACT	

**CREDIT REFERENCES**

	NAME	ADDRESS	FAX NUMBER (Very Important)
1			
2			
3			

**CREDIT AGREEMENT; PLEASE READ CAREFULLY**

Scotty Inc. takes pleasure in granting fair terms to credit worthy accounts as a customer convenience. For accounts honoring these terms, we pledge our full service.

**OUR TERMS ARE** - Net 30 days

**PLEASE SIGN THE FOLLOWING:**

We hereby agree to pay an interest charge of 1-1/2% per month on all accounts considered overdue after 30 days or overdue in accordance with other terms made with Scott Plastics Ltd. as shown on our invoice.

***If no fax numbers are provided, application will not be processed.***

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

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

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

NOTE: Accounts considered overdue or outstanding after 60 days may be placed on C.O.D. or payment in advance only.

APPROVED BY: _____	DATE: _____
For Scotty Inc.	