



WELCO Pressure Controls Ltd.

PO Box 4172 PSSE
Edmonton, Alberta
Canada T6E 4T2

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Email – payables@wellcopressurecontrols.ca

CREDIT APPLICATION

COMPANY INFORMATION

_____	_____	_____	_____
COMPANY LEGAL NAME	TELEPHONE	EMAIL	
_____	_____	_____	_____
BILLING ADDRESS	CITY	PROVINCE	POSTAL CODE
_____	_____	_____	_____
SHIPPING ADDRESS	CITY	PROVINCE	POSTAL CODE
_____	_____		
TYPE OF BUSINESS	YEAR STARTED OR INCORPORATED		
_____	_____		
NAME OF PRINCIPAL	POSITION		
_____	_____		
ACCOUNTS PAYABLE CONTACT	INVOICE EMAIL		

BANK REFERENCE

_____	_____
NAME OF BANK	ACCOUNT MANAGER
_____	_____
LOCATION	TELEPHONE

TRADE REFERENCES

_____	_____	_____
COMPANY NAME	TELEPHONE	EMAIL
_____	_____	_____
COMPANY NAME	TELEPHONE	EMAIL
_____	_____	_____
COMPANY NAME	TELEPHONE	EMAIL

I understand that the terms of credit extended by WELCO Pressure Controls Ltd. are NET 30 DAYS, meaning that payment is to be received by WELCO or into its' bank account within 30 days from the date on Invoice. Your signature is your agreement to pay within the terms outlined. I affirm that the information contained herein is true and correct to the best of my knowledge. I hereby give my consent to obtain credit information from all sources. I hereby consent to the use of my accounts receivable email to receive invoices no statements will be issued in the normal course of business.

Authorized Signature

Position

Name

Date