



PARTS - SALES - SERVICE

Bill's Heavy Duty Enterprises (2004) Ltd.  
169 Hughes Road  
Castlegar BC V1N 4M5  
bhd@billsheavyduty.ca  
Phone: 250-365-7713  
Fax 250-365-3988

**Account Application**

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

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**TYPE OF OWNERSHIP: (CIRCLE ONE)**

CORPORATION

PARTNERSHIP

PROPRIETORSHIP

**PRINCIPALS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DO YOU REQUIRE THE USE OF PURCHASE ORDERS: **YES NO** (CIRCLE ONE)

PST # \_\_\_\_\_ PLEASE PROVIDE PST # IF YOU ARE YOU **EXEMPT FROM PST**

**\*\*\*\*\*COMPLETE BOTTOM SECTION IF CHARGE ACCOUNT IS BEING REQUESTED\*\*\*\*\***

AMOUNT OF CREDIT REQUIRED: \_\_\_\_\_ HOW LONG IN BUSINESS: \_\_\_\_\_

**BANK**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX/EMAIL: \_\_\_\_\_

**CREDIT REFERENCES**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX/EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX/EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX/EMAIL: \_\_\_\_\_

**TERMS: Net 30 Days**

**36% per annum charged on overdue accounts**

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