



SODIUM SOLUTIONS INC.

#15, 53016 Highway 60

Acheson AB T7X 5A7

Phone: (780)482-1312 Fax: (780)451-5193

CREDIT APPLICATION

Individual Corporation Sole Proprietor Partnership Other _____

General Information

Name of Business:			
Address:	City:	Prov/State:	Postal/Zip Code:
Phone:	Fax:		
A/P Contact:	Phone:	Email:	
Invoicing Preference? Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/>		Are PO's required? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Company Information

Type of Business:	In Business Since:		
Operating or Trade Name:			
Legal Name of Parent Company (If Applicable):	In Business Since:		
Address:	City:	Prov/State:	Postal/Zip Code:
Phone:	Fax:		
Canada Only: GST Registration #:	PST/HST/QST # (Incl. Exempt form)		
USA Only: EIN:			

Principal Information

Name:	Title:		
Phone:	Email:		
Address:	City:	Prov/State:	Postal/Zip Code:

Name:	Title:		
Phone:	Email:		
Address:	City:	Prov/State:	Postal/Zip Code:

Name:	Title:		
Phone:	Email:		
Address:	City:	Prov/State:	Postal/Zip Code:

Bank Information

Name of Bank:	Transit #:	Account #:
Address:	City:	Prov/State: Postal/Zip Code:
Phone:	Fax:	
Account Manager:	Type of Account:	Business <input type="checkbox"/> Personal <input type="checkbox"/>

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Fax:	Fax:	Fax:

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Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____