



Spec Resources Inc.
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Application for Credit

Company Name or Individual: _____
 Street Address: _____ Box: _____ RR#: _____
 City: _____ Province: _____ Postal Code: _____
 Work #: _____ Fax #: _____ Cell #: _____
 Home #: _____ Email: _____ HST #: _____
 Describe Type of Business: _____ Year Business established: _____

Preferred method of receiving invoice/statement: Fax Mail Email

<u>NAME</u>	<u>TITLE</u>	<u>Bank Information</u>
_____	President/Owner	Name: _____
_____	Vice-President	Address: _____
_____	Accounts Payable	Telephone: _____
_____	Other Contact	Contact: _____
Credit Limit Requested: \$ _____		Account #: _____

Business References

	<u>Name</u>	<u>Address</u>	<u>Phone No.</u>	<u>Fax No.</u>	<u>Contact</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

TERMS: 30 days from date of invoice. **Service charge of 2% per month on overdue accounts.**

I/We hereby agree to pay all service charges, currently at the rate of 2% per month (24% per annum), on any amount still outstanding beyond the specified time.

The signature below guarantees the above information is true and is further authorization to obtain information necessary to complete this application for credit

Date: _____ Authorized Signature: _____

For Office Use Only: Credit Limit: _____ Comments: _____

Approved by: _____

Date: _____