



Nisku - Head Office  
Red Deer Office

505 - 11 Avenue  
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Red Deer, Alberta Canada

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Secure Solutions

# CUSTOMER APPLICATION FORM

**OFFICE  
USE ONLY**

BP CODE

\* **REQUIRED FIELD** If secondary information is provided, the highlighted fields must be completed

## CUSTOMER INFORMATION

|  |              |            |                         |
|--|--------------|------------|-------------------------|
| <b>*COMPANY / FIRM NAME</b> as shown on Federal Tax Return |              |            | <b>DATE</b>             |
| <b>BUSINESS ADDRESS</b>                                    |              |            | <b>PHONE</b>            |
| <b>CITY</b>  | <b>PROV.</b> | <b>P/C</b> | <b>CRA BUSINESS NO.</b> |

## BUSINESS INFORMATION

|   |                           |                           |                           |
|---|---------------------------|---------------------------|---------------------------|
| <b>PURCHASE ORDER REQUIRED?</b><br><input type="checkbox"/> YES <input type="checkbox"/> NO | <b>NO YRS IN BUSINESS</b> | <b>CREDIT REQUIRED \$</b> | <b>NAME OF PROPRIETOR</b> |
| <b>*A/P EMAIL ADDRESS</b>   | <b>*BUSINESS TYPE</b>     |                           |                           |

MULTIPLE SHIPPING LOCATIONS?

## SHIPPING INFORMATION

|                   |             |              |            |
|-------------------|-------------|--------------|------------|
| <b>1. ADDRESS</b> | <b>CITY</b> | <b>PROV.</b> | <b>P/C</b> |
|-------------------|-------------|--------------|------------|

## BANKING INSTITUTION

## ACCOUNT NO.

|             |              |            |              |
|-------------|--------------|------------|--------------|
| <b>CITY</b> | <b>PROV.</b> | <b>P/C</b> | <b>PHONE</b> |
|-------------|--------------|------------|--------------|

## CREDIT REFERENCES

|                |             |              |
|----------------|-------------|--------------|
| <b>1. NAME</b> | <b>CITY</b> | <b>PHONE</b> |
| <b>EMAIL</b>   |             |              |
| <b>2. NAME</b> | <b>CITY</b> | <b>PHONE</b> |
| <b>EMAIL</b>   |             |              |
| <b>3. NAME</b> | <b>CITY</b> | <b>PHONE</b> |
| <b>EMAIL</b>   |             |              |

By signing below, I/We authorize Super Slings Inc. and/or its agents, to contact any references given, including banks, to release and exchange such credit, banking and financial information as may be necessary to determine our credit standing. I/We also grant permission to the trade and bank references listed in this application to impart financial information requested by Super Slings Inc. or their agents, in course of regular credit investigations. As the Owner, an Officer or Director referred to herein, I take notice that reports will be sought containing personal, financial and credit information, and I consent to the receipt, disclosure and exchange of such information to other business related parties, agents and consumer reporting agencies. As the undersigned, I hereby agree that subsequent credit information may be obtained throughout the duration of the business relationship and consent to the release of said information. I certify that the above information is true and correct. I also certify that I am authorized to bind the company in contractual agreements.

\*  I HAVE READ AND UNDERSTAND THE TERMS & CONDITIONS OF THIS AGREEMENT. I ALSO UNDERSTAND THAT SUPER SLINGS INC. CAN CHANGE IT'S POLICY AND CANCEL CREDIT SUPPORT SERVICE AT ANY TIME

**INVOICES ARE FAXED OR EMAILED OUT DAILY. \*\*\*\*\* TERMS ARE NET 30 DAYS.**

|                   |                           |
|-------------------|---------------------------|
| <b>*SIGNATURE</b> | <b>PRINT NAME + TITLE</b> |
|-------------------|---------------------------|