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TYPE OF BUSINESS \_\_\_\_\_ PST# \_\_\_\_\_  
 (PST certificate must be attached)

**LEGAL COMPANY NAME** \_\_\_\_\_

OPERATING AS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

SHIPPING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PHONE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ SPOUSE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_

CONTRACT HELD 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_

BANK \_\_\_\_\_ BRANCH \_\_\_\_\_

BANK PHONE # \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

BANK FAX # \_\_\_\_\_ TYPE OF ACCOUNT \_\_\_\_\_

(BUSINESS OR PERSONAL)

ARE PURCHASE ORDERS REQUIRED? \_\_\_\_\_

CREDIT LIMIT REQUESTED \$ \_\_\_\_\_ HOW LONG IN BUSINESS \_\_\_\_\_ years

**CREDIT REFERENCES**

1. \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

3. \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

**In making this application we agree that any information may be used to check references, and that if accepted, we understand and agree to pay all accounts when due on the basis of net 30 days from date of invoice, plus interest of 1.5% per month (18% per annum) on past due balances.**

**APPLICANT (PLEASE PRINT)** \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ PRINT NAME \_\_\_\_\_

**For Office Use Only:-Account Approved By \_\_\_\_\_ Date \_\_\_\_\_**

**Business Code \_\_\_\_\_ Account # \_\_\_\_\_ Credit Limit \_\_\_\_\_ Salesrep \_\_\_\_\_**