



Suite I, 2121 39 Ave NE
Calgary, AB T2E 6R7
Tel : (403) 295-8707
Toll-Free : (833) 390-1021
ar@fouralarm.ca
www.fouralarm.ca

General Credit Application

Please fill in **COMPLETELY**, any missing info may delay processing. **EMAIL COMPLETED FORM BACK TO ar@fouralarm.ca**
**** PLEASE NOTE ** This form MUST be signed by the proper company authorities, even if a pre-filled out form is sent!! ****

General Information :

Company Name : _____

Trade Name (if applicable) : _____

Mailing Address : _____

Phone : _____ FAX: _____ Email : _____

Maximum Credit Required : \$ _____ GST/HST # : _____

Nature of Business : _____ # of Employees : _____

Type of Ownership : ☐ Corporation ☐ Partnership ☐ Individual

Date of Incorporation : _____ Purchase Orders Required : ☐ Yes ☐ No

A/P Contact : _____ Receive Invoices By : ☐ Mail ☐ E-Mail ☐ FAX

A/P Email : _____

A/P Phone : _____ A/P FAX : _____

Mailing Information (If different from above) :

Mailing Address : _____

City : _____ Province : _____ Postal Code : _____

Other Business Information :

Parent Company Name : _____

Trade Name (if applicable) : _____

Mailing Address : _____

Phone : _____ FAX: _____ Email : _____

Company Officers / Owners :

Name 1 : _____ Position 1 : _____

Phone 1 : _____ Email 1 : _____

Name 2 : _____ Position 2 : _____

Phone 2 : _____ Email 2 : _____

Name 3 : _____ Position 3 : _____

Phone 3 : _____ Email 3 : _____



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Primary Banking Institution :

Bank Name : _____ Phone : _____
Address : _____ Contact : _____
City : _____ Province : _____ Postal Code : _____
Primary Account : Institution : _____ Transit : _____ Account : _____

Credit / Trade References (Min of 3 Required):

Name : _____ Phone : _____
Address : _____

Name : _____ Phone : _____
Address : _____

Name : _____ Phone : _____
Address : _____

I hereby represent that I am authorized to submit the application on behalf of the customer named above, and that the information provided for the purpose of obtaining credit is warranted to be true. I/We hereby authorize Four Alarm Fire Services Ltd. to contact the references listed pertaining to my/our credit and financial responsibility. It is agreed and understood that all necessary collection fees and interest (at 26.9% per annum maximum) may be charged to my company in the event of default or failure to pay for services rendered. I/We further represent that the customer applying for the credit has the financial ability and willingness to pay for all invoices within established terms.

I, the undersigned, for and on behalf of the customer, a) certifies all the above information to be true and complete, and b) authorizes and consents to the receipt and provision of account and credit information from and to Credit Grantors, Credit Bureaus, and Suppliers of Services.

Proprietor / Authorizing Officer Signature

Title (If Corporation, please print)

Date

Proprietor / Authorizing Officer Signature

Title (If Corporation, please print)

Date

Office Use Only – DO NOT WRITE IN AREA BELOW

Taken By : _____ Approval Date : _____ ACCT Cust Added

Ref Called : _____ by _____ Credit Limit : _____ AYA Info Updated

Approved By : _____ Status : ACTIVE DENIED PENDING EXISTING