



Net30 Credit Application Form

Thank you for applying for a credit account with Memory Express Inc. Please complete the form below with accurate and complete information to help us process your application quickly. Please note the terms and conditions associated with our Net30 credit accounts.

Business Information

Legal business name: <input style="width: 90%;" type="text"/>	Phone number: <input style="width: 90%;" type="text"/>
DBA / operating as: <input style="width: 90%;" type="text"/>	Fax number: <input style="width: 90%;" type="text"/>
Date business established: <input style="width: 90%;" type="text"/>	Street address: <input style="width: 90%;" type="text"/>
Business type: Organisation Corporation City: <input style="width: 90%;" type="text"/>	Province: <input style="width: 90%;" type="text"/>
Partnership Proprietorship	Postal code: <input style="width: 90%;" type="text"/>
Require PO# on orders: Yes No	

Company Info

Officer / Partner / Owner Information #1

Officer / Partner / Owner Information #2

Full name: <input style="width: 90%;" type="text"/>	Full name: <input style="width: 90%;" type="text"/>
Title: <input style="width: 90%;" type="text"/>	Title: <input style="width: 90%;" type="text"/>
Phone number: <input style="width: 90%;" type="text"/>	Phone number: <input style="width: 90%;" type="text"/>
Home address: <input style="width: 90%;" type="text"/>	Home address: <input style="width: 90%;" type="text"/>
City: <input style="width: 90%;" type="text"/>	City: <input style="width: 90%;" type="text"/>
Province: <input style="width: 90%;" type="text"/>	Province: <input style="width: 90%;" type="text"/>
Postal code: <input style="width: 90%;" type="text"/>	Postal code: <input style="width: 90%;" type="text"/>
E-mail: <input style="width: 90%;" type="text"/>	E-mail: <input style="width: 90%;" type="text"/>
Years in Business: <input style="width: 90%;" type="text"/>	Annual Sales Revenue: <input style="width: 90%;" type="text"/>

Bank Info

Bank name: <input style="width: 90%;" type="text"/>	Contact name: <input style="width: 90%;" type="text"/>
Location / branch: <input style="width: 90%;" type="text"/>	Transit number: <input style="width: 90%;" type="text"/>
Phone number: <input style="width: 90%;" type="text"/>	Account number: <input style="width: 90%;" type="text"/>
Fax number: <input style="width: 90%;" type="text"/>	Branch E-mail: <input style="width: 90%;" type="text"/>

Trade Information #1

Trade Information #2

Company name: <input style="width: 90%;" type="text"/>	Company name: <input style="width: 90%;" type="text"/>
Location / branch: <input style="width: 90%;" type="text"/>	Location / branch: <input style="width: 90%;" type="text"/>
Phone number: <input style="width: 90%;" type="text"/>	Phone number: <input style="width: 90%;" type="text"/>
Fax number: <input style="width: 90%;" type="text"/>	Fax number: <input style="width: 90%;" type="text"/>
Contact name: <input style="width: 90%;" type="text"/>	Contact name: <input style="width: 90%;" type="text"/>

Shipping - Please list any other addresses you will ship to using this Net30 account.

Shipping address #1

Shipping address #2

Name: <input style="width: 90%;" type="text"/>	Name: <input style="width: 90%;" type="text"/>
Phone number: <input style="width: 90%;" type="text"/>	Phone number: <input style="width: 90%;" type="text"/>
Fax number: <input style="width: 90%;" type="text"/>	Fax number: <input style="width: 90%;" type="text"/>
Street address: <input style="width: 90%;" type="text"/>	Street address: <input style="width: 90%;" type="text"/>
City: <input style="width: 90%;" type="text"/>	City: <input style="width: 90%;" type="text"/>
Province: <input style="width: 90%;" type="text"/>	Province: <input style="width: 90%;" type="text"/>
Postal code: <input style="width: 90%;" type="text"/>	Postal code: <input style="width: 90%;" type="text"/>



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Authorized Buyer #1

Name:
 Phone number:
 E-mail address:
 Ship to address: #1 #2

Authorized Buyer #2

Name:
 Phone number:
 E-mail address:
 Ship to address: #1 #2

Accounts Payable #1

Name:
 Phone number:
 E-mail address:
 Ship to address: #1 #2

Accounts Payable #2

Name:
 Phone number:
 E-mail address:
 Ship to address: #1 #2

Memory Express Location

Location:

Sales representative

Name:

Terms And Conditions

By signing below, you agree to the following terms for your Net30 account. All information provided in this application is true and accurate. This declaration is made to obtain credit from Memory Express Inc. and will remain confidential.

1. **Interest on Past Due Balances:** Accounts with overdue balances will incur a monthly interest charge of 1.8% on any balance past the 30-day due date.
2. **Account Holds for Accounts Aging Past 60 Days:** Invoices aging past 60 days will place the account on hold, temporarily restricting further credit extensions until balances are resolved.
3. **Cancellation of Accounts Aged 90 Days or More:** Accounts with invoices outstanding for 90 days or more will be canceled, and reinstatement may require additional review and approval.
4. **Credit Review Authorization:** You expressly consent to MEMORY EXPRESS INC. and/or VERI-CHEQUE LTD. to obtain any reports containing credit or personal information necessary for obtaining credit from Memory Express Inc.
5. **Bank Rating Charge:** Please note that a charge may apply for a bank rating assessment, conducted by our third-party underwriter, Veri-cheque, as part of this application process.

Authorization

I/We hereby provide explicit consent to MEMORY EXPRESS INC. and/or VERI-CHEQUE LTD. to obtain any credit or personal information necessary for the purpose of securing credit from Memory Express Inc. I/We affirm that all information provided in this application is true and accurate in every detail. This declaration is made solely for the purpose of obtaining credit from Memory Express Inc. and will remain strictly confidential.

**Please note that there may be a fee associated with conducting a bank rating on your account.*

Full name:
 Title:
 Date:

Signature:

Please Note:
 E-Signatures will be refused.

The person signing this application must have signing authority for the bank account listed above. E-Signatures not accepted.

Please return the completed application to:

Memory Express Inc.
 3305 - 32nd Street NE Calgary, AB T1Y 5X7
 Email: net30app@memoryexpress.com Phone: 403.398.4533

**Please note that there may be a fee associated with conducting a bank rating on your account.*