



**YOUR GROWING SOLUTIONS PARTNER.**

***CREDIT APPLICATION***

CUSTOMER NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

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

**BUSINESS INFORMATION:**

LIMITED COMPANY: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_

PRINCIPAL'S NAME (S): \_\_\_\_\_

TYPE OF BUSINESS/FARM: \_\_\_\_\_ YEAR ESTABLISHED: \_\_\_\_\_

PREMISES OWNED: \_\_\_\_\_ LEASED: \_\_\_\_\_

BANK: \_\_\_\_\_

BRANCH & ADDRESS: \_\_\_\_\_

CONTACT: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

\_\_\_\_\_ (TITLE)

**CREDIT REFERENCES:**

1) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

2) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

3) NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**CREDIT LIMIT REQUIRED** \_\_\_\_\_

**CREDIT TERMS REQUIRED** \_\_\_\_\_

**\*\*\*PLEASE COMPLETE NEXT PAGE\*\*\***

**SPECTRUM PACIFIC PRODUCTS INC.**

8523 – 132 St., Surrey, BC V3W 4N8

Ph: (604) 833-6462 ♦ Fax (604) 543-3737 ♦ E-mail: [dbsspectrum@primus.ca](mailto:dbsspectrum@primus.ca)

Website: [www.spectrumproducts.com](http://www.spectrumproducts.com)

**GUARANTEE**

In consideration of Spectrum Pacific Products Inc. extending credit, at its discretion, to \_\_\_\_\_ (the "CUSTOMER")

(Insert exact Company name)

the undersigned, jointly and severally, hereby guarantee to Spectrum Pacific Products Inc. the payment of all present and future amounts, owing by the CUSTOMER to Spectrum Pacific Products Inc. This guarantee shall be a continuing guarantee for all such amounts.

Spectrum Pacific Products Inc. shall not be bound to exhaust its recourse against the CUSTOMER or other parties or any securities Spectrum Pacific Products Inc. may hold, before requiring payment from the undersigned.

All overdue amounts shall bear interest at the rate of 2% per month calculated and compounded monthly (equivalent to 26.8% per annum) from the date payment is due.

The undersigned acknowledges that he/she is a shareholder of the CUSTOMER.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
Guarantor  
Print Name and address \_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_  
Guarantor  
Print Name and address \_\_\_\_\_  
\_\_\_\_\_

SIGNED: \_\_\_\_\_  
Witness  
Print Name and address \_\_\_\_\_  
\_\_\_\_\_

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