



PARAGON
OILFIELD SUPPLY

Head Office
11501 - 89 Avenue
Grande Prairie, AB T8V 5Z2
Phone: (780) 539-9586

Dawson Creek
21 Collins Road
Dawson Creek, BC V1G 1A1
Phone: (250) 782-1534

APPLICATION FOR CREDIT - PLEASE COMPLETE IN FULL
Forward completed credit application to credit@paragonsupply.ca

Applicant's Business Name (if a corporation, provide full legal name) (The "Applicant") Corp. (Ltd.) Partnership Sole Prop.

Name _____

Address _____ City _____

Province _____ Postal Code _____

Phone _____ Email _____

Principal _____ Title _____

Principal _____ Title _____

Bank _____ Acct. Manager _____

Bank Transit & AC # _____ Phone _____

City _____ Email _____

If sole proprietorship or partnership please complete this area:

Owner's/Partner's Name(s)	Date of Birth	Driver's License # & Expiry
_____	_____	_____
_____	_____	_____
_____	_____	_____

I/We _____ and _____

of _____ apply to you for

credit for the supply of services and materials in accordance with this application for credit.

It is agreed that the account will be paid within the terms of net 30 days following purchase and to pay service charges on overdue accounts at the rate of 2% / month (26.77% / annum.). I/We understand and consent to you obtaining a consumer report containing personal and/or credit information in connection with this application for credit.

Dated _____ Amount of Credit Requested _____

Signature of
Director/Shareholder/Partner _____ Title _____
or Authorized Person Authorized Signature

INDEMNIFICATION OF DEBTS OF THE CORPORATION / PARTNERSHIP / SOLE PROPRIETORSHIP

I/We/Applicant will jointly and severally indemnify you as principal debtors, and see you paid for your account with respect to any order now or hereafter made by any of us. I/We/Applicant further agree to pay your account within your terms of net 30 days following purchase and to pay service charges on overdue accounts at the rate of 2% / month (26.77% / annum.). I/We/Applicant understand and consent to you obtaining a consumer report containing personal and/or credit information in connection with this application for credit and indemnification of debts of the corporation.

Date: _____ _____ (signature required)

_____ _____ (signature required)

COMPANY INFORMATION

Nature of Business _____ Years in Business _____

GST # _____

Do You Have Account(s) With Any SIDE GROUP Store(s)? Yes No

Location _____ Account Name _____

Location _____ Account Name _____

Does an affiliate of yours currently do business with us? Yes No

If Yes, Name of Company _____

Purchase Order Required Yes No

Special Invoicing Instructions _____

Statement Required Yes No

E-mail Address and/or Fax # To Submit Invoice and/or Statements _____

MAJOR CREDIT CARD(S)

Visa Card # _____ CVV _____ Expiry Date _____

Mastercard # _____ CVV _____ Expiry Date _____

CREDIT REFERENCES (NO Fuel Card Accounts)

Supplier		Supplier	
Address		Address	
City		City	
Phone	Email	Phone	Email

Supplier		Supplier	
Address		Address	
City		City	
Phone	Email	Phone	Email