



650 Waddington Drive • Vernon, B.C. V1T 8T6
Phone 250-545-7238 • Fax 250-545-7431

CREDIT & INDEMNITY AGREEMENT

*CLIENT NAME: _____

*CLIENT EMAIL: _____

TYPE OF IMPROVEMENT (DRIVEWAY, NEW HOUSE, ETC.) _____

*JOB SITE ADDRESS: _____

PRINCIPAL NAMES:

1) _____

*BILLING ADDRESS

CITY/TOWN / APT/HOUSE # STREET

PROV. POSTAL CODE
TEL. () - - CELL: () - -

FINANCIAL (BANK OR MORTGAGE) INSTITUTION BRANCH/ACCOUNT NUMBER PHONE NUMBER

() - -

CREDIT CARD:

M/C	VISA	CARD NUMBER:	EXP. DATE:
<input type="checkbox"/>	<input type="checkbox"/>		

ESTABLISHED CREDIT REFERENCE:

NAME:	ADDRESS:	PHONE NUMBER:
1)		() - -
2)		() - -
3)		() - -

TERMS: THE CUSTOMER AND THE INDEMNITOR JOINTLY AND SEVERALLY AGREE WITH THE SUPPLIER THAT, IN CONSIDERATION OF THE SUPPLIER GRANTING CREDIT TOT THE CUSTOMER:

- 1) THE CUSTOMER AND THE INDEMNITOR WILL PAY THE SUPPLIER FOR ALL PURCHASES ON THE CUSTOMER'S ACCOUNT PLUS ANY INTEREST ON THE PREVIOUS UNPAID BALANCE AS SHOWN ON THE MONTHLY STATEMENT OF ACCOUNT, WITHIN THIRTY (30) DAYS OF THE STATEMENT DATE.
- 2) INTEREST ON OVERDUE AMOUNTS WILL BE PAYABLE AT THE RATE OF 24% PER YEAR BEFORE AND AFTER JUDGEMENT.
- 3) THE INDEMNITOR AGREES TO INDEMNIFY AND PAY THE SUPPLIER FRO ALL LOSSES, COSTS, EXPENSES AND FEES ARISING FROM, OR RELATED TO, PURCHASES MADE ON THE ACCOUNT AND EFFORTS TO COLLECT PAYMENT FOR THOSE PURCHASES.
- 4) THE SUPPLIER MAY CHARGE TO THE CREDIT CARD ACCOUNTS SHOWN ABOVE ANY AMOUNT OVERDUE OR THE AMOUNT OF ANY DISHONORED CHEQUE PRESENTED IN PAYMENT, WITH THE ADDITION OF SERVICE CHARGE
- 5) THE CUSTOMER AND THE INDEMNITOR CONSENT TO A CREDIT INVESTIGATION BEING MADE BY OR ON BEHALF OF THE SUPPLIER, INCLUDING THE INVESTIGATION AND EXCHANGE OF CREDIT REPORTS. THE CUSTOMER AND THE INDEMNITOR AUTHORIZE THE SUPPLIER TO OBTAIN SUCH CREDIT REPORTS AND OTHER INFORMATION RELATING TO THE CUSTOMER AND THE INDEMNITOR IN CONNECTION WITH THE ESTABLISHMENT AND MAINTENANCE OF THE ACCOUNT AND TO REPORT TO THE PROPER PERSONS OR BUREAUS CONCERNING PERFORMANCE UNDER THIS AGREEMENT.

SIGNATURE OF INDEMNITOR

SIGNATURE OF CUSTOMER

NAME (PLEASE PRINT)

NAME (PLEASE PRINT)

DATE (MONTH/ DAY / YEAR)

DATE: (MONTH/ DAY / YEAR)