TOTALGROUP+
FIRE | RESCUE | MEDICAL | HSE

CUSTOMER CREDIT APPLICATION

COMPANY INFORMATION - PLEASE SEND THE COMPLETED FORM TO AR@TOTALGROUP.CA

Company Name:
Billing Address:
City: Province: Postal Code:
Phone #:
Nature of Business: Years in Operation:

OWNERSHIP INFORMATION

Principle Owner Name: Phone #:
Email Address:

President / CEO Name: Phone #:
Email Address:

GST / HST #:

☐ Corporation ☐ Partnership ☐ LLC ☐ Proprietorship

ACCOUNTS PAYABLE INFORMATION

Contact Name: Phone #:
Email Address:

Invoice Requirements: ☐ PO# ☐ Coding ☐ Email ☐ Mail

Bank Name:
Branch Address:
City: Province: Postal Code:
Contact Name: Phone #:

REFERENCES

Contact Name: Phone #:
Contact Name: Phone #:
Contact Name: Phone #:

I, _____, do hereby confirm that the information provided above is current and accurate and agree that the Total Group of Companies (Total Fire Solutions Inc.) may request and receive credit information from the appropriate credit sources to verify the information contained in this document. I understand that the credit terms extended by the Total Group of Companies are NET 30 days and commit to making payments in accordance with these terms. I acknowledge the imposition of interest charges at a rate of 2% a month if these terms are not met. I also understand that a Credit Card Authorization may be required in addition to this application, until a business relationship has been established. Submission of this application does not guarantee approval.

Client Signature: Date:

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CREDIT CARD AUTHORIZATION

CREDIT CARD INFORMATION

Company Name:

Card Holder Name:

Card Type: ☐ VISA ☐ MasterCard ☐ AMEX ☐ Other

Card Number:

Expiration Date:

CVC:

Email Address:

Mailing Address:

Phone Number:

☐ I do hereby authorize Total Group of Companies Inc. (Total Fire Solutions Inc.) to charge the credit card above if payment is not made within NET30. The credit card above for may be utilized for:

- Required Deposits
- Services Rendered
- Damages Incurred
- Unreturned Equipment
- Outstanding Fees

I understand that I am required to submit a copy of my drivers' licence with this authorization form and that retained credit card information will remain in affect until I provide written request to cancel this agreement.

Client Signature: Date: