

CHARGE ACCOUNT

OFFICE USE ONLY	
ACCOUNT #	
SALES REP:	APPROVED BY:
CREDIT LIMIT:	DATE OPENED:



Chilliwack
45750 Airport Rd Chilliwack, BC V2P 1A2
604.795.9411

Vedder
5674 Vedder Rd Chilliwack, BC V2R 3N2
604.858.9318

Abbotsford
31748 S Fraser Way Abbotsford, BC V2T 1T9
604.853.2886

Hope
930 6 Ave Hope, BC V0X 1L4
604.869.9036



Completed Charge Account Application can be emailed to ar@fortins.com, faxed to 604.795.6050 or mailed/delivered to our **Airport Road Location**. Review, complete, and sign all pages. Please call 604-795-5173 with any questions. Please allow 5 - 10 business days for processing this application. Thank you.

ACCOUNT APPLICATION

DATE

LEGAL NAME

TRADING NAME (IF DIFFERENT FROM LEGAL NAME)

SHIPPING ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE #

MAILING ADDRESS (IF DIFFERENT FROM SHIPPING)

CITY

PROVINCE

POSTAL CODE

BODY SHOP VENDOR #

MONTHLY CREDIT REQUIRED

PROVINCE TAX #

G.S.T. #

NEW BUSINESS? ☐ YES ☐ NO YEAR ESTABLISHED? _____

CURRENT NUMBER OF STAFF _____ ESTIMATED ANNUAL VOLUME _____

HAS THE APPLICANT EVER BEEN BANKRUPT ☐ YES ☐ NO

TYPE OF BUSINESS? ☐ LIMITED ☐ SOLO PROPRIETORSHIP ☐ PARTNERSHIP

☐ AGRICULTURAL ☐ FULL AUTO REPAIR ☐ MARINE
☐ BODY SHOP ☐ HEAVY EQUIPMENT ☐ MUFFLER SHOP
☐ CONSTRUCTION ☐ JANITORIAL ☐ MOBILE MECHANIC
☐ FABRICATING ☐ MACHINE SHOP ☐ QUICK LUBE
☐ FLEET ☐ MANUFACTURING ☐ OTHER _____

WOULD YOU LIKE TO BE SET UP TO ORDER ITEMS ONLINE? ☐ YES ☐ NO

WOULD YOU LIKE ORDERED ITEMS DELIVERED? ☐ YES ☐ NO

STATEMENT + BILLING INFO.

CREDIT ACCOUNT

Credit Terms are Net 30 days. All accounts are due on the 30th of the following month. If after, additional interest charges will be applied.

WILL YOU REQUIRE PO'S (PURCHASE ORDERS) BE USED? ☐ YES ☐ NO

HOW WOULD YOU LIKE YOUR MONTHLY STATEMENT SENT? ☐ EMAIL ☐ MAIL

EMAIL FOR RECEIVING INVOICES/MONTHLY STATEMENT

WOULD YOU LIKE EACH INVOICE AUTOMATICALLY EMAILED? ☐ YES ☐ NO

ACCOUNTS PAYABLE CONTACT

NAME

PHONE #

BANK INFO.

BANK

BRANCH

CREDIT REFERENCES (3 REQUIRED)

1

COMPANY

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE #

EMAIL

2

COMPANY

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE #

EMAIL

3

COMPANY

ADDRESS

CITY

PROVINCE

POSTAL CODE

PHONE #

EMAIL

PLEASE PROVIDE THE INFORMATION FOR ALL PARTNERS AND OWNERS

1

FIRST NAME	MIDDLE NAME
LAST NAME	
TITLE	
ADDRESS	
CITY	
PROVINCE	POSTAL CODE
PHONE #	
DATE OF BIRTH (M/D/Y)	

2

FIRST NAME	MIDDLE NAME
LAST NAME	
TITLE	
ADDRESS	
CITY	
PROVINCE	POSTAL CODE
PHONE #	
DATE OF BIRTH (M/D/Y)	

3

FIRST NAME	MIDDLE NAME
LAST NAME	
TITLE	
ADDRESS	
CITY	
PROVINCE	POSTAL CODE
PHONE #	
DATE OF BIRTH (M/D/Y)	

APPLICANT AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

TO: FORTIN’S LTD. - OFFICE - 45750 AIRPORT ROAD, CHILLIWACK. B.C.

In consideration of Fortin’s dealing with the Applicant, the undersigned hereby jointly and severally guarantee payment to Fortin’s of all present and future debts and liabilities, direct or otherwise, now or at any time and from time to time here after due or owing to Fortin’s from or by the Applicant. Whether incurred by the Applicant alone or jointly with any other party. It is further agreed that Fortin’s, without exonerating in whole or in part the undersigned, may grant time, renewals, extensions, indulgences, releases and discharges to, may take securities from and give the same and may accept compensation from, and may otherwise deal with the Applicant and all other persons and securities, as Fortin’s may see fit. This shall be a continuing guarantee, and shall cover and secure any ultimate balance owing to Fortin’s. Fortin’s shall not be obligated to exhaust its recourse against the Applicant or any other persons or any securities it may hold before being entitled to payment from the undersigned of all and every of the debts and liabilities hereby guaranteed. This guarantee shall ensure to the benefit of Fortin’s, its successors and assign and shall be binding upon the undersigned, his or her legal representative, successors and permitted assigns.

SIGNATURE OF OFFICER/OWNER/PARTNER OR APPLICANT

PERSONAL AGREEMENT

The applicant agrees that this account application and all purchases made on this account shall be deemed to have been made in Chilliwack, British Columbia. All accounts are payable Net 30 days at Fortin’s Office located at 45750 Airport Road Chilliwack, BC, V2P 1A2. The applicant further agrees to pay an interest charge on all overdue accounts at the rate of 2.00% per month (24.00% per annum) and any reasonable collections costs on a solicitor/client basis, incurred as a result of a non-payment of an account. The applicant further agrees that if Fortin’s obtains judgment against the Applicant for non-payment of this account, to pay in addition to solicitor cost, an administration cost in the amount of \$500.00.

The applicant authorizes Fortin’s to conduct whatever personal investigation deemed necessary in respect of this applicant for credit. In consideration of Fortin’s granting credit to the Applicant, the Applicant and Guarantor, if any, grant to Fortin’s security interest in all of the Applicant’s and Guarantor’s present and after acquired personal property. Including proceeds but excluding consumer goods, and a Purchase Money Security Interest in all goods purchased from Fortin’s security for the performance of all obligations of the Applicant and Guarantor of all obligations under this credit agreement.

Fortin’s will provide the applicant with a monthly statement of transactions on this account. The applicant agrees to advise Fortin’s of any disputed transactions within 30 days of the statement date and expressly agrees that except for any transactions disputed in writing within this period, the account statement shall be deemed to be correct.

APPLICANT AGREEMENT

PERSONAL GUARANTOR SIGNATURE MUST BE WITNESSED

1

SIGNATURE	
DATE	
FIRST NAME	MIDDLE NAME
LAST NAME	
HOME ADDRESS	
CITY	
PROVINCE	POSTAL CODE
DATE OF BIRTH (M/D/Y)	

2

SIGNATURE	
DATE	
FIRST NAME	MIDDLE NAME
LAST NAME	
HOME ADDRESS	
CITY	
PROVINCE	POSTAL CODE
DATE OF BIRTH (M/D/Y)	

WITNESS SIGNATURE

1

SIGNATURE	
DATE	
FIRST NAME	LAST NAME

2

SIGNATURE	
DATE	
FIRST NAME	LAST NAME