

#### **SOLID LIFT PARTS INC.**

#122 - 1350 Burrard St., Vancouver, BC V6Z0C2, Canada Phone: 800-210-8170 Fax: 604-343-6391

Attention Purchasing/Accounts Payable:

All of us at Solid Lift Parts Inc. would like to thank you for your interest in establishing an open account with us.

Attached is our credit application, payment terms and remit to instructions, and wire transfer instructions. Please complete the credit application in its entirety and fax or mail to us for processing. Also, if you are tax exempt in BC, Canada, please provide us your PST #. If you do not have a PST # issued, please complete the attached exemption certificate. Our customer service department will contact you upon complete review of your credit application and its references.

Once again, we thank you in advance for allowing us to serve you as one of our valued customers.

Regards,

Louie Lorenzana CEO



# **Credit Application**

<b>Business Informat</b>	ion							
Company Name:				Trade Name/DBA/Parent Company:				
Billing Address:				II.				
City:	State:	Postal Code:	T:		F:	E:		
Shipping Address:	L	I	1			<u> </u>		
City:	State:	Postal Code	T:		F:	E:		
Website:		Year Established:				Tax Resale	Tax Resale #:	
Estimated Amt Requested:			,	Type of Busine	ess:	<u> </u>		
A/P Manager:			A/P Telephone:		A/P Email:			
President / Owner:			Check One: Corpo		ation Partnership Sole Proprietorship			
Bank Information								
Bank Name:								
Bank Address:								
City:	State:	Postal Code:	Т:		F:	E:		
Account Number:	J. C.	Contact:	ļ		Website:			
Account Number.		contact.			website.			
Trade References	<ul> <li>Open Account</li> </ul>	Only Including Two Οι	ıt of State					
Company Name:								
Address:		1	,					
City:	State:	Postal Code:	T:		F:	E:		
Account Number:		Contact:			Website:			
Company Name:								
Address:								
City:	State:	Postal Code:	T:		F:	E:		
Account Number:		Contact:			Website:			
Company Name:								
Address:								
City:	State:	Postal Code:	T:		F:	E:		
Account Number:		Contact:			Website:			
Company Name:								
Address:								
City:	State:	Postal Code:	T:		F:	E:		
Account Number:		Contact:	•		Website:			
Has applicant or any of its	owners, principals,	partners, officers or direct	ctors ever fi	led a petition in	bankruptcy or assignment for	or the benefit of	creditors? YES	
If answer is yes, give name				1	1 / 0			
Has a tax lien or civil suit b	een filed against ar	oplicant or any of its owne	ers, principa	als, partners, off	icers or directors within the	past six years?	YES	
If answer is yes, give name					•	,		
Prepared By:								
					=			
Print Name					D	ate		

Signature

Title



# **CREDIT APPLICATION**

#### **PAYMENT TERMS**

# **Payment Options:**

By Check or Wire\*: Standard Terms of Net 30 days

By Credit Card: American Express, Visa, Master Card, Discover

By Wire Transfer Information:

Company name: Solid Lift Parts Inc

Transit 06000 Account 0321516 Institution 010

SWIFT CODE CIBCCATT BIC PNBPUS3NNYC

ABA Routing number 026005092

IBAN NO

Branch Address:

10166 King George Blvd., Surrey, British Columbia, V3T2W4, Canada

A fee will be charged for any checks returned for insufficient funds.

#### **Remit To Address:**

Solid Lift Parts Inc. #122 - 1350 Burrard St., Vancouver, BC V6Z0C2, Canada

# **Remittance Advice:**

To be sure your account is credited properly please provide the remittance invoice with your payment. Also, please include your account number and invoice and/or credit memo numbers with/on your check to ensure proper credit to your account. Please note any changes to mailing address, shipping address, or phone numbers with remittance.

## **Core Credits:**

Core return charges are included on your invoice and are to be treated as an amount due for that particular invoice. Cores received after payment of the invoice will either be credited to your account or refunded upon written request. When returning your core for credit please contact our customer representative for instructions. Also, please retain a record of your "proof of delivery" or "tracking numbers."